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ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER OF HEALTH

for the Year

1956

J. H. CHALMERS CLARKE, M.A., M.B., Ch.B., M.D., D.P.H., D.T.M. & H.

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J. H. CHALMERS CLARKE, M.A., M.B., Ch.B., M.D., D.P.H., D.T.M. & H.

COUNTY OF LINCOLN—PARTS OF KESTEVEN

HEALTH COMMITTEE

(Constitution as at 31st December, 1956)

Chairman:

Alderman H. DEER

Vice-Chairman:

Alderman Mrs. G. H. SCHWIND, M.B.E.

Aldermen

C. W. BARRAND
Capt. H. W. N. FANE, D.L. (*ex-officio*).
C. H. FENELEY
G. W. HUTSON
F. J. JENKINSON (*ex-officio*)
J. W. MILNER

Councillors

A. E. BELLAMY
W. BEVAN
Mrs. G. M. BOYFIELD
Mrs. A. S. CHANTRY
G. DALE
G. A. F. HOLLOWAY
H. E. HOUGH
H. L. HUDSON
K. H. JENNINGS
S. P. KING
R. B. NAYLOR
F. NEWTON
J. W. OXBY
Mrs. N. ROBSON
REV. L. R. SWINGLER
J. H. W. TAYLOR
C. S. ULLYATT
G. E. WALTHAM
A. T. WEST
W. E. YOUNG

CO-OPTED MEMBERS:

Mrs. A. FANCOURT
The Hon. Mrs. D. N. TROLLOPE-BELLEW
Mr. J. E. SNELL
Mrs. C. J. WILLOWS

Representing Kesteven Local Medical and Panel Committee:

R. G. NETHERY, M.R.C.S., L.R.C.P.

Representing Kesteven Local Dental Committee:

H. J. MILLER, L.D.S.

PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL

County Medical Officer of Health:

Principal School Medical Officer:

Medical Officer for Maternity and Child Welfare and Medical Supervisor of Midwives:

Medical Officer for Mental Health Services:

J. H. CHALMERS CLARKE, M.A., M.B., Ch.B., M.D., D.P.H., D.T.M. & H.

Deputy County Medical Officer of Health, Deputy Principal School Medical Officer and Deputy Medical Officer for Maternity and Child Welfare and Mental Health:

T. J. O'SULLIVAN, M.A., M.B., B.Ch., B.A.O., M.D., D.P.H., L.M.

Assistant County Medical Officers, School Medical Officers and Assistant Medical Officers for Maternity and Child Welfare (Part-time):

C. W. SHEARER, M.B., Ch.B., D.P.H.

H. ELLIS-SMITH, M.B., B.Ch., B.A.O., D.P.H.

V. B. TULLOCH, M.B., Ch.B., D.P.H. (resigned 31/1/56)

W. PARKER HARRISON, M.R.C.S., L.R.C.P.

E. A. WHITELEY, M.B., Ch.B. (commenced 1/2/56)

Consultant Chest Physicians:

H. G. H. BUTCHER, B.A., L.R.C.P., M.R.C.S., D.P.H.

G. B. ROYCE, B.S., M.B., Ch.B.

(Joint appointments with R.H.Bs.)

Consultant Staff

The part-time services of the following consultants have been made available during the year to this Authority by arrangement with the East Anglian and Sheffield Regional Hospital Boards:—

Orthopaedic Surgeons:

J. P. JACKSON, F.R.C.S., M.R.C.S., L.R.C.P.

NOEL J. SMITH, B.A., M.B., B.Ch., B.A.O., F.R.C.S.I.

Ophthalmic Surgeons:

G. M. BARLING, M.B., Ch.B., D.O.M.S.

A. H. BRIGGS, M.Sc., M.B., Ch.B., D.O.M.S.

W. A. BRIGGS, M.B., B.Ch., D.O.M.S.

S. P. REDMOND, M.B., B.Ch., B.A.O., D.O.M.S.

Consulting Physician for Rheumatism and Heart Diseases:

J. W. BROWN, M.D., F.R.C.P.

Ear, Nose and Throat Surgeon:

G. W. MOREY, M.B., B.S., D.L.O.

A. A. FINLAYSON, M.B., Ch.B., F.R.C.S.

Dermatologists:

D. I. McCALLUM, M.B., Ch.B., M.R.C.P., D.P.H.

E. C. RITTER, M.B., Ch.B., M.R.C.P.

Senior Dental Surgeon
H. MOOR, L.D.S.

Dental Surgeons:
C. H. EDNEY, L.D.S., R.C.S.
2 whole-time vacancies

Public Analyst (Part-time):
W. W. TAYLOR, B.Sc., F.I.C.

County Nursing Superintendent:
Non-Medical Supervisor of Midwives:
MISS M. HUGHES, S.R.N., S.C.M., H.V.Cert

Assistant County Nursing Superintendents:
Miss P. M. PARKER, S.R.N., S.C.M., H.V.Cert.
Miss L. DICK, S.R.N., S.C.M., H.V.Cert.

County Health Visitors:
Miss M. BRAY, S.R.N.
Miss O. A. BROOKS, S.R.N., S.C.M., H.V.Cert.
Miss A. N. CHEESEMAN, S.R.N., S.C.M., H.V.Cert.
Mrs. F. H. COCK, S.R.N., S.C.M., H.V.Cert.
Miss M. A. HETHERINGTON, S.R.N., S.C.M., H.V.Cert.
Mrs. E. HOLLAND, S.R.N., S.C.M., H.V.Cert.
Miss E. M. JONES, S.R.N., S.C.M.
Miss E. M. WOOD, S.R.N., S.C.M., H.V.Cert.
Also 23 District Nurse-Midwives act as part-time Health Visitors

Physiotherapists:
Miss E. A. PECK, S.R.N., M.C.S.P.
Miss S. G. HARDY, M.C.S.P.

Speech Therapist:
Miss J. RAPER, L.C.S.T. (commenced 22/10/56)

County Health Inspector:
J. F. LOFTHOUSE, M.A.P.H.I.

County Almoner:
Miss D. M. WATTAM (resigned 30/9/56)
(Joint appointment with the Grantham Hosp. Man. Comm.)

Home Help Organiser (Part-time):
Miss V. ISAAC

Matron, St. Catherine's Road Day Nursery, Grantham:
Mrs. M. E. HIBBERD, S.R.F.N.

Non-Medical Staff—Mental Health Services:

W. E. VICKERS, M.B.E. (*Chief Authorised Officer*)
J. W. ALLPRESS, (*Asst. Chief Authorised Officer*)
W. HOLMES, Authorised Officer—North Kesteven District
N. A. CLARKE, Authorised Officer—East Kesteven District
R. H. BENTLEY, Authorised Officer—South Kesteven District
L. A. HOLMES, Authorised Officer—West Kesteven District.
J. I. WALLACE, Authorised Officer—West Kesteven District
W. A. PERKINS, Authorised Officer at Headquarters
Miss W. PICKERING, Handicraft Teacher and Gen. Assistant

Chief Clerk:
W. S. DENCH

Assistant Chief Clerk:
A. COLLEY

Ambulance Officer:
H. SANDS

District Medical Officers of Health and Public Health Inspectors

District	*Medical Officer of Health (all part-time appointments)*	*Public Health Inspectors*
Borough of Grantham	C. W. Shearer, M.B., Ch.B., D.P.H.	C. Taylor, M.A.P.H.I.
Borough of Stamford	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	L. J. Roll, A.R.S.H., Cert. S.I.B.
Urban District of Sleaford	J. W. Scholey, M.B., Ch.B.	T. E. Dagwell, M.R.S.H., M.A.P.H.I.
Urban District of Bourne	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	L. W. Brown, M.R.S.H. (appointed 1/12/56)
Rural District of North Kesteven	W. Sharrard, M.B., Ch.B.	J. Freeman, M.I.Mun.E., M.R.S.H., M.A.P.H.I.
Rural District of East Kesteven	J. W. Scholey, M.B., Ch.B.	J. A. Saville, M.A.P.H.I., M.R.I.P.H.H.
Rural District of South Kesteven	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	W. A. Chivers, M.R.S.H., M.A.P.H.I.
Rural District of West Kesteven	C. W. Shearer, M.B., Ch.B., D.P.H.	J. Dean, M.R.S.H., F.F.S. (Eng.)

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INTRODUCTION

To the Chairman, Aldermen and Members of the
Kesteven County Council.

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the Annual Report of the County Medical Officer of Health.

Several important matters in relation to community health and environmental hygiene fell for consideration by the Health Committee during 1956.

An outstanding event was the issue of a vaccine against poliomyelitis. Unfortunately owing to the stringent tests of safety required in its manufacture the supplies were limited, but the best possible use was made of the available material. The work of vaccination was given priority by the department's medical staff.

After detailed consideration, a decision was arrived at in principle by the County Council to implement a scheme of radio-control in the Ambulance Service.

The Food Hygiene Regulations 1955/56 became operative in January of this year.

Further additions to the housing of district nurse/midwives were made, and reference is also made to the pioneer voluntary laundry scheme in South Kesteven.

Discussions have taken place, and are proceeding between the various water undertakers in Kesteven in relation to a Government request for voluntary rationalisation of this industry, in view of the increasing demands for water throughout the country as a whole for domestic, agricultural and industrial use.

Kesteven is fortunately placed, so far as the south of the County is concerned, in possessing ample supplies of pure deep well water, drawn from the Lincolnshire limestone strata. These constitute a regional source of water supply with reserves which are capable of serving not only South Kesteven but a large adjoining area as well.

The water supplies of the central, north and western areas of the County, while adequate for the immediate present, will require to be conserved and redistributed, with augmentation from other sources if all conceivable future demands for water are to be adequately met.

In submitting this report I wish to thank the members of the Health Committee for their interest and support, and all the members of my staff for an excellent year's work.

I have the honour to be,
Your obedient servant,

J. H. CHALMERS CLARKE,
County Medical Officer of Health.

Public Health Department
County Offices, SLEAFORD.
July, 1957.

STATISTICS AND SOCIAL CONDITIONS

General Statistics

Area of Administrative County (in acres)	463,490
Population :	
Census 1921	108,237
,, 1931	110,360
,, 1951	130,717
Registrar General's estimate, 1956	132,000
Number of inhabited houses (Census 1921) ...	25,456
,, ,, ,, ,, (Census 1931) ...	27,590
,, ,, ,, ,, (Census 1951) ...	35,080
Number of families or separate occupiers (1921) ...	25,823
,, ,, ,, ,, ,, ,, (1931) ...	27,845
,, ,, ,, ,, ,, ,, (1951) ...	35,662
Rateable Value (1st April, 1956)	£1,133,428
Estimated product of a penny rate, 1956-57 ...	£4,528

Extracts from Vital Statistics for the Year 1956.

NOTE: Birth and Death Rates:

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as "Nett" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of Kesteven are 1.02 and 0.92 respectively. The corresponding figure when multiplied by the Crude rate (that is, for Births or Deaths as the case may be) will give the Nett Rate.

Live Births:	Males	Females	Totals
Total	1099	1029	2128
Legitimate ...	1030	993	2032
Illegitimate ...	60	36	96

Crude Live Birth Rate per 1,000 of estimated population 16.12
Nett Live Birth Rate per 1,000 of estimated population 16.44
Rate for England and Wales 15.7

Stillbirths:	Males	Females	Totals
Total	23	31	54
Legitimate ...	20	31	51
Illegitimate ...	3	—	3

Stillbirth Rate per 1,000 total (Live and Still) births ... 24.75
Rate for England and Wales 23.0

	Males	Females	Total
Deaths	835	795	1630

Crude Death Rate per 1,000 of estimated population ... 12.35
Nett Death Rate 11.36. Rate for England and Wales .. 11.7

Maternal Mortality (i.e. Deaths due to Pregnancy, Childbirth or abortion).

No. of deaths	1
Rate per 1,000 total births (i.e. live and still) ...	0.46
Rate for England and Wales	0.56

Infant Mortality (i.e. Deaths of Infants under the age of one year)

	Males	Females	Totals
No. of Deaths ...	38	22	60
Legitimate ...	35	20	55
Illegitimate ...	3	2	5

All Infants:	Kesteven	England and Wales
Rate per 1,000 live births ...	28.19	23.8
Legitimate Infants:		
Rate per 1,000 legitimate live births	27.07	—
Illegitimate Infants:		
Rate per 1,000 illegitimate live births	52.08	—

Of the total infant deaths 37 (or 61%) occurred among children under four weeks of age.

Births:

The Live Birth Rate of 16.12 per thousand of the estimated population was higher by 0.42 than that of the previous year. The number of live births belonging to the Adminstrative County was 2,128 (1,099 males and 1,029 females) — compared with 2,041 (1,092 males and 949 females) in 1955.

The 96 illegitimate live births—representing 4.5 per cent. of the total—showed an increase on the figure for the previous year, when there were 92 such births, but the percentage remained the same.

Tht number of Stillbirths (54) was slightly higher than last year and the Stillbirth Rate (24.7) was slightly higher than the average for the previous ten years.

The following Table, which gives comparative statistics relating to births in the Administrative County since 1940, is of interest:—

Year	LIVE BIRTHS				STILLBIRTHS	
	Legitimate	Illegitimate	Total	* Rate (per 1,000 pop.)	No.	* Rate (per 1,000 total births)
1940	1,665	88	1,753	15.91	58	32.0
1941	1,749	110	1,859	16.39	62	32.3
1942	1,927	165	2,092	18.47	66	30.6
1943	1,967	162	2,129	18.53	60	27.4
1944	2,045	200	2,245	19.75	64	27.7
1945	1,939	267	2,206	19.97	68	29.9
1946	2,094	176	2,270	20.06	65	27.8
1947	2,306	156	2,462	21.37	62	24.6
1948	2,130	168	2,298	19.20	67	19.8
1949	2,102	129	2,231	18.45	39	17.2
1950	2,058	121	2,179	16.78	48	21.5
1951	2,073	98	2,171	16.36	42	19.0
1952	1,993	102	2,095	15.56	52	24.2
1953	2,044	101	2,145	16.16	54	24.6
1954	1,990	107	2,097	16.16	51	23.7
1955	1,949	92	2,041	15.70	53	25.3
1956	2,032	96	2,128	16.12	54	24.7

*In calculating these rates for the years 1940-49 *Civilian* population figures were used while since then the *Total* population figures have been used.

The number of births notified in the County under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications, was 2,111 live births and 54 stillbirths.

Details of births in each of the 8 County Districts will be found in Table I, on page 51.

Deaths:

Details of deaths now supplied by the Registrar General are classified under the 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, which has superseded the Abridged List of the International List of Causes of Death, 1938, in use from 1940 to 1949.

Chief Causes of Death.—The following is a statement of the chief causes of death compiled from the Registrar General's returns for the year:—

Cause of Death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
Other Heart Disease	347	2.63
Coronary Disease, Angina	241	1.82
Vascular lesions of Nervous System	182	1.38
Other defined and ill defined Diseases	148	1.12
Other Malignant and Lymphatic Neoplasms	131	0.99
Other Circulatory Disease	87	0.66
Pneumonia	73	0.55
Bronchitis	66	0.50

Cause of Death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
Malignant Neoplasm, Lung Bronchus	45	0.34
All other accidents	40	0.30
Malignant Neoplasm, stomach ..	36	0.27
Hypertension with Heart Disease ..	33	0.25
Malignant Neoplasm, breast ...	22	0.17
Motor Vehicle accidents	22	0.17
Congenital malformations	21	0.16

The Crude Death Rate from all causes for the County was 12.35 per thousand of the estimated population, while the Nett Rate was 11.36 compared with 12.11 the previous year. The number of deaths, which now include those of members of the armed forces stationed in the area was 1,630 (835 males and 795 memales); the figures for 1955 were 1,607 (845 and 762 respectively). The proportion of deaths over 65 years of age was 72.5 per cent. in the year under review, as compared with 70.2 per cent. in 1955, 70.3 per cent. in 1954, 71.0 per cent. in 1953 and 67.1 per cent. in 1952.

There were 60 deaths of infants under one year, representing an Infant Mortality Rate of 28.1 per thousand live births.

There was one death from maternal causes during 1956, giving a mortality rate of 0.46 per thousand total births compared with 0.56 for the Country as a whole.

Deaths from Respiratory Tuberculosis were down to 11, giving a record low rate of 0.08 deaths per thousand of the estimated population.

The following Table shows the number of deaths and rates during the past 15 years:—

Year	* DEATHS (All Causes)		DEATHS (Infants under 1 year)		DEATHS (Puerperal Causes)	
	No.	* Rate	No.	Rate	No.	Rate
1942	1,353	11.94	87	41.59	8	3.71
1943	1,408	12.26	90	42.27	6	2.74
1944	1,298	11.42	100	44.54	0	0.00
1945	1,320	11.95	89	40.34	8	3.52
1946	1,352	11.95	90	39.65	2	0.86
1947	1,368	11.87	82	33.31	3	1.19
1948	1,320	11.04	70	30.46	2	0.84
1949	1,423	11.77	83	37.20	5	2.20
1950	1,455	11.20	90	41.30	1	0.45
1951	1,430	10.78	61	28.09	1	0.45
1952	1,325	9.84	74	35.32	3	1.39
1953	1,534	11.56	79	36.80	0	0.00
1954	1,551	11.95	51	24.32	1	0.46
1955	1,607	12.36	53	25.97	0	0.00
1956	1,630	12.35	60	28.19	1	0.46

*For the years 1938/49 deaths of non-civilians were excluded from the Registrar General's returns and Civilian population figures were therefore used for calculating the Death Rates. These deaths have, however, been included in the 1950/56 returns and the Total population figures have therefore been used in determining the Rates for those years.

The deaths registered under Heart Disease during 1956 numbered 621. Reference to the Chief Causes of Death shows that this remains the principal cause. The death rate per 1,000 of the estimated population at 4.7 was .3 higher than in 1955. The following is a statement of fatalities from Heart Disease during the years 1940-1956.

Year		No. of Deaths	Crude Death Rate per 1,000 of estimated population	Percentage to total Deaths from all causes
1940	...	361	3.28	23.8
1941	...	297	2.62	21.4
1942	...	302	2.67	22.3
1943	...	309	2.69	21.9
1944	...	316	2.78	24.3
1945	...	362	3.28	27.4
1946	...	350	3.09	25.8
1947	...	391	3.39	28.5
1948	...	387	3.23	29.3
1949	...	441	3.65	30.9
1950	...	451	3.47	31.0
1951	...	486	3.67	33.9
1952	...	423	3.14	31.9
1953	...	510	3.84	33.2
1954	...	592	4.56	38.2
1955	...	574	4.41	35.7
1956	...	621	4.70	38.1

Further information regarding the causes of death, etc., will be found on page 53 and in Table III (inset).

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Centres:

Two new centres were opened during the year, i.e. at Washingborough and Potter Hanworth, making a total of 42 centres (including 2 weighing centres) maintained by the County Council at the end of the year.

The following figures are extracted from the records of attendances for the year, full details of which appear in Table IV on pages 53—55 of this Report.

Total attendances—

Children under 1 year	15,033	
Over 1 but under 2 years	4,582	
Over 2 years	5,684	25,299

Number of individual children who attended:—

Born in 1956	1,175	
,, ,, 1955	1,048	
,, ,, 1954-1951	1,668	3,891

Number of children under 1 year who attended for the first time	1,377
Number of consultations with medical staff	5,861
Number of weighings undertaken	24,796

Comparative figures for the last five years are given below: --

Year	Individual children who attended I.W.Cs.	Total Attendances	Consultations with M.O.
1952	3,882	24,902	6,888
1953	3,964	23,454	6,710
1954	3,946	24,652	6,659
1955	3,734	25,741	5,853
1956	3,891	25,299	5,861

Birth Control:

The Family Planning Association's clinic at Lincoln which was opened early last year has now become firmly established and good use is made of the facilities there by patients from the north and centre of our area. As previously mentioned, the County Council makes a small annual grant to the Association in respect of that part of the work of the clinic concerned with cases from the area referred for advice on medical grounds.

Consultant Services:

The specialist service arrangements were as outlined in my earlier Reports. Brief details of the services available, together with particulars of the pre-school children seen under these arrangements, are given below.

Ophthalmic:

Clinic	Errors of Refraction		Other Eye Defects		Glasses Prescribed	
	New Cases	Re-inspections	New Cases	Re-inspections	New Cases	Re-inspections
Grantham ...	14	19	—	—	4	8
Stamford ...	10	14	—	—	3	5
Sleaford ...	11	41	—	—	4	13
Bourne ...	6	8	—	—	4	3
Lincoln ...	6	21	—	—	2	8
TOTALS ...	47	103	—	—	17	37

All the clinics referred to above, with the exception of that at Lincoln, are held at County Council premises. The clinic at Lincoln to which cases from the north of the County are referred is a special clinic for children and is held at the County Hospital.

Orthopaedic:

Specialist clinics continued to be held at the Authority's premises at Grantham and Sleaford and 131 pre-school children (including 65 new cases) were seen by the Surgeons in attendance, who

held 275 consultations. In addition 13 cases were referred to orthopaedic out-patient departments at local hospitals. Regular treatment sessions for massage, remedial exercises, ultra violet light, etc. were held at the County Council's clinics at Grantham, Sleaford, Stamford and Bourne by the Council's physiotherapy staff who dealt with 54 pre-school children; these children made 1,131 attendances.

Ear, Nose and Throat:

Sixteen children of pre-school age were seen as new cases by Mr. G. W. Morey at the Grantham and Sleaford clinics and 14 children attended who had been examined previously. Thirteen children were found to need operative treatment for enlarged tonsils and/or adenoids. In addition two cases were referred to local hospital clinics for examination.

Rheumatism and Heart:

Five pre-school children were examined as new cases by Dr. J. W. Brown at the County Council's Cardiological Clinics and 11 children attended for re-examination.

Paediatric:

Two children of pre-school age were referred to a paediatrician at a local hospital, one on account of late speech development and the other on account of poor physique.

Dermatology:

Three children of pre-school age were referred to Dermatologists at local hospitals for advice and/or treatment for skin conditions.

Plastic Surgery:

One child of 3 years was referred to the plastic surgeon at a local hospital to be treated for a lip deformity.

Speech Therapy:

From the beginning of the year to the date on which our vacancy for a whole-time Speech Therapist was filled three children were referred to the Speech Therapist at the County Hospital, Lincoln.

Four other children have since been referred to the County Council's Speech Therapist who holds clinics at Grantham, Sleaford, Stamford, Bourne and Lincoln.

Dental Treatment:

Further advertisement during the year brought no improvement in the dental staffing position, and with two dental officers short of the establishment of four it was possible to devote only a minimum of time to the examination and treatment of pre-school children and expectant and nursing mothers.

Particulars of the few cases dealt with are as follows:—

(a) Numbers provided with dental care:—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	1	1	1	—
Children under five	16	13	13	12

(b) Forms of dental treatment provided:—

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ...	—	—	—	—	6	—	—	—	—
Children under five	—	12	—	—	14	5	—	—	—

Institutional Provision for Mothers and Children:

Reports on the circumstances of 367 expectant mothers requiring institutional confinement on social grounds were submitted to the appropriate hospital authorities following home visits by the health visiting staff.

Arrangements were also made for 13 children under 5 years of age to receive hospital in-patient treatment for nose and throat conditions.

Premature Infants:

During the year under review there were 153 live births assignable to this County of infants notified as weighing 5½ lbs. or less at birth; 130 of these survived at least 28 days.

Thirty-seven were born at home (9 being subsequently transferred to hospitals on or before the 28th day), 113 in hospitals and 3 in private nursing homes.

There were 28 premature still-births, 23 of which took place in hospitals and 5 at home.

The above cases are classified in Table V on page 56.

Our general scheme for the care of premature infants continued to operate unchanged, except for one important modification. We have had, since 1944, a scheme for loaning items of special equipment to assist in the care of premature infants being nursed at home and to supplement this we have now supplied lined wicker cots to maternity units in towns in the area where there are ambulance stations for use in ambulances when transporting premature infants to hospital. These cots which are provided with hot water bottles in lining pockets and light weight cellular blankets, are ready for use at immediate notice.

Care of Unmarried Mothers:

The number of illegitimate live births assignable to the County in 1956 was 96, representing 4.5 per cent. of the total live births recorded; comparative figures for 1955 were 92 and 4.5 per cent. respectively.

The Council's arrangements for giving assistance to unmarried mothers continued as in previous years, the Lincoln Diocesan Association for Moral Welfare supplying the Welfare Workers to undertake domiciliary investigations and arranging where necessary for cases to be admitted to suitable Homes. The Association receives an annual grant from the County Council in recognition of the valuable assistance given in this way.

During the year 6 unmarried expectant mothers were admitted under these arrangements to the Association's Maternity Home (The Quarry) at Lincoln and 10 others to similar Homes elsewhere.

Provision of Maternity Outfits:

The number of maternity outfits issued during the year to maternity patients confined at home was 627. These outfits are purchased centrally and supplied to all the Council's domiciliary midwives for free distribution as necessary.

Day Nursery:

The County Council's Day Nursery at St. Catherine's Road, Grantham (where there are places for 15 children under 2 years and 25 for those from 2—5 years) continued to operate satisfactorily throughout the year and the attendance rate was generally somewhat better than last year.

Details of attendances, etc. are given in the following table:—

	No. of children on register		Average daily attendance		No. of Mothers whose children were on register	
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	In whole-time employment	In part-time employment
January ...	14	21	10	15	25	5
February ...	12	21	9	13	24	5
March ...	12	24	9	17	28	4
April ...	12	28	8	17	28	4
May ...	13	20	9	17	28	3
June ...	12	23	11	17	29	2
July ...	13	26	10	18	29	2
August ...	14	25	9	16	34	2
September ...	13	22	11	17	29	3
October ...	17	26	13	19	37	2
November ...	15	24	12	21	28	3
December ...	15	24	11	14	30	2
Average for Year	14	24	10	17	29	3

Nurseries and Child Minders Regulation Act, 1948:

There were no premises or daily minders registered in the County under this Act at the end of the year.

Welfare Foods Service:

The Ministry of Food depôt at Newark closed down and a new modern distribution depôt near Lincoln now supplies 44 welfare food centres in Kesteven while the Peterborough depôt is responsible for supplying the remaining 17 centres.

A new planned economy delivery schedule was brought into force by these depôts and instead of the usual weekly delivery a monthly one is now made for centres requiring only limited supplies and a fortnightly service for those who justify it. This new delivery service has unfortunately meant an increase in emergency deliveries to centres from our Central Store at Sleaford which is kept for that purpose.

The four main welfare foods centres at Grantham, Sleaford, Stamford and Bourne, in addition to meeting the ordinary public demands, supply to 1 R.A.F. and 4 N.H.S. hospitals, 6 Children's Homes and 1 Day Nursery.

A new centre was opened at Washingborough and is working satisfactorily, making in all a total of 61 welfare foods centres in Kesteven.

Details of issues of welfare foods during 1955 and 1956 are as follows:—

	National Dried Milk	Cod Liver Oil	Vitamins A & D Tablets	Orange Juice
1955 ...	64,279	15,639	4,932	79,310
1956 ...	61,206	13,309	5,512	83,778

Included in the above figures is a total of 896 tins of National Dried Milk despatched by post during 1956 to those who by reason of ill-health, distance, etc. were unable to attend a centre, the postal charges being met by the County Council.

Environmental Survey of Leukaemia in Childhood:

Following an increase in recent years in the National leukaemia death rate local health authorities were asked to help in a nation-wide survey of leukaemia in childhood sponsored by the Medical Research Council, the General Register Office and the Tata Memorial Trust. The field work was organised by the Oxford Department of Social Medicine.

The enquiry envisaged the interviewing of all parents who, between 1953 and 1955, had lost a child (known for the purpose of the enquiry as a "survey" child) before its tenth birthday, either from leukaemia or other malignant disease, and the parents of an equal number of selected living children (known as "control" children). Each survey child was paired with a control child by sex, month and year of birth, and locality of residence at the time of the survey child's death.

In Kesteven, five children under ten years of age died from leukaemia or other malignant disease between 1953 and 1955. The parents of one child have since moved elsewhere, but it is pleasing to record that the parents of the other children willingly co-operated in the enquiry and the parents of the selected control children were equally helpful.

A preliminary analysis circulated by the Department of Social Medicine in August was focused mainly on X-ray histories and revealed that a relationship appears to exist between ante-natal abdominal X-ray exposure and deaths from malignant diseases in children up to 10 years.

PREVENTION OF BREAK-UP OF FAMILIES

There is nothing to add to the statement made in my Report last year on this subject. The arrangements described then continued to operate satisfactorily and without any material change.

MATERNITY AND NURSING HOMES

The one small private nursing home—with accommodation for one maternity case—which was on the County Council's register at the beginning of 1956 continued in operation throughout the year and no further homes were registered. Periodic visits of inspection are made by the County Nursing Superintendent in her capacity of inspector of nursing homes.

HEALTH VISITING

My Report for 1955 drew attention to the fact that the year finished with a staff of only 8 whole-time Health Visitors out of an establishment of 13. This position continued throughout the whole of 1956 notwithstanding repeated advertisement of the vacancies. Similarly there were no applications for training under the more generous financial arrangements approved by the Council as referred to in my previous Report.

In consequence of this reduced staff it has generally only been possible to maintain the more essential parts of the service in that part of the County covered by whole-time Health Visitors—i.e. first visits after birth, attendance at Infant Welfare Centres, visiting of problem families and special cases brought to notice. Systematic routine visiting has not always been possible, although this is less necessary than formerly with the generally improved standard of living and improved knowledge of child care. The Ministry of Health has in fact recognised this fact by suggesting that visiting should be selective rather than general, thus making better use of a restricted staff of Health Visitors.

The following statistics relate to home visiting undertaken by the Health Visiting Staff during the year under review:—

Children under 1 year of age:	First visits 2,346.	Total visits	9,402
,, age 1 and under 2 years:		.. ..	6,320
,, ,, 2 but ,, 5 ,, :		.. ..	11,435
(No. of children under 5 visited during year: 8,486).			
*Expectant mothers:	First visits 21.	Total visits	40
Tuberculous households:		.. ..	1,327
Other cases (i.e., Care and After-Care, Infectious Disease, etc.):		.. ..	1,351
		Total home visits—	29,875

*excluding visits by District Nurse-Midwife Health Visitors.

In addition to the above, the Health Visitors were in attendance at Infant Welfare Centres and Clinics, details of which appear in other sections of the Report.

MIDWIFERY AND HOME NURSING

MIDWIFERY:

During 1956 notifications of intention to practise were received from 91 midwives, of whom 82 continued to practise in the County at the end of the year, classified as follows:—

Domiciliary midwives employed by the County Council (including 3 occasional reliefs)	47
Midwives employed by Hospital Management Committees	34
Midwives in private practice	1

In addition to the above, 5 notices of intention to practise as Maternity Nurses were received.

The following table shows the number of cases attended during the year:—

	Domiciliary Cases		Cases in Institutions		Total	
	As Mid-wives (1)	As Mater'y Nurses (2)	As Mid-wives (3)	As Mater'y Nurses (4)	As Mid-wives (5)	As Mater'y Nurses (6)
(1) Employed by County Council...	644	79	—	—	644	79
(2) Employed by Hospital Management Cmmtt's	—	—	946	360	946	360
(3) In private practice ...	—	—	—	—	—	—
Totals	644	79	946	360	1590	439

In addition to the cases recorded against Item (1) above, the County Council's midwives attended in their own homes 744 institutional cases who were discharged before the fourteenth day after the confinement.

It will be seen from the above table that of the total of 2,029 confinements, 723 took place at home, and 1,306 in maternity units. There was again an increase in the percentage of cases in the County confined in hospital, a trend which, as illustrated in the following figures, commenced shortly after the coming into operation of the National Health Service Act in 1948 and has continued ever since.

	Domiciliary Cases			Cases in Institutions		
	As Midwives	As Maternity Nurses	Total	As Midwives	As Maternity Nurses	Total
1948	927	506	1433	464	375	839
1949	735	467	1202	700	420	1120
1950	822	291	1113	614	424	1038
1951	784	178	962	786	264	1050
1952	772	170	942	841	146	987
1953	736	130	866	789	315	1104
1954	697	118	815	933	245	1178
1955	638	91	729	955	236	1191
1956	644	79	723	946	360	1306

The non-medical and general supervision of midwives is undertaken by the County Nursing Superintendent and her two Assistants, who together made 53 routine inspections and 45 special visits.

The number of cases in which medical aid was summoned by midwives under Section 14(1) of the Midwives Act, 1951, totalled 106—all domiciliary.

Other notifications from midwives were received as follows:—

Stillbirths	30
Laying-out the dead	2
Liability to be source of infection	1
Artificial Feeding	231
Death of Child	15

Of the 723 home confinements 697 babies were wholly breast fed at the fourteenth day. Forty miscarriages were attended against 52 during the previous year. In all 22,635 visits to maternity cases were made by the Council's midwives, 7,008 of which were for ante-natal examination purposes.

Administration of Analgesia:

At the end of the year 80 midwives practising in the County were qualified to administer gas and air. Forty-four of these were members of the County Council's staff, 2 occasional reliefs on the County Council's staff and the remainder were employed by Hospital Management Committees.

Of the 723 domiciliary confinements in the year, gas and air was administered to 505 cases, i.e. 70 per cent., while Pethidine, an alternative form of analgesia, was given in 267 cases.

"Trilene" (Trichloroethylene B.P.), a further analgesic now approved by the Central Midwives Board for use by midwives, is not in general use by the County Council's staff. It was, however, administered to 11 cases during the year.

Refresher Courses for Midwives:

Attention was drawn in my 1955 Report to the latest rules of the Central Midwives Board under which all practising midwives are required to attend an approved refresher course by the 31st December, 1958, and thereafter, if they continue to practise, every five years.

During 1956 the County Council, as local supervising authority, arranged for sixteen of its midwives to attend courses and it is intended to send a convenient number to approved courses each year. From letters and comments of some of the midwives who attended courses it is evident that they are of great value to them and much appreciated.

Training Scheme for Pupil Midwives:

The training of midwives, which usually extends over a period of a year for those who are already trained general nurses, is divided into two parts; Part I consisting of lectures and experience in a maternity hospital approved for the purpose, and Part II providing training and practice in domiciliary deliveries.

There are no approved maternity training hospitals in Kesteven and hitherto no Part II training has been given in the

County. In 1955, however, The Gables Maternity Hospital, Peterborough, was approved as a training hospital subject to suitable arrangements being made for the Part II training of its pupil midwives, and in this connection adjacent Local Health Authorities were invited to participate. The matter was thoroughly discussed in all its aspects with officers of the Peterborough and Stamford Hospital Management Committee, consequent on which the County Council agreed to accept from The Gables Maternity Hospital up to two pupil midwives each quarter for Part II training in this County. They will train under the direct supervision of two fully experienced midwives of this Authority who have been approved as tutors for this purpose by the Central Midwives Board.

It is anticipated that the scheme will come into operation about the middle of 1957.

Home Nursing:

All general home nursing is undertaken by the County Council's nurse-midwives who devote approximately half of their time to home nursing.

Details of the work undertaken during the year are given in the following statement:—

Type of Case Visited	No. of Cases	No. of Visits
Medical	1,731	31,496
Surgical	1,146	14,143
Infectious Diseases	12	52
Tuberculosis	40	1,620
Maternal Complications	40	291
Others	3	8
TOTALS ...	2,972	47,610

Of the 2,972 cases visited 1,198, or 40 per cent., were 65 years of age or over and 358, or 12 per cent., were under 5 at the time of the first visit during the year.

GENERAL

Staff:

At the beginning of the year there were 43 nurse/midwives on the staff. During the year 6 left, 3 transferred to vacant districts, 1 transferred to the Relief Staff, and 7 new appointments were made, bringing the total at the end of the year to 44 (42 with districts, 2 area reliefs), 6 short of the establishment of 50.

Although the staff has at no time been up to full strength, the shortage being particularly felt in Stamford and in the north of the County, it has been possible to maintain essential services with the assistance of relief nurses. Unfortunately the nurse appointed to the newly formed Swinderby district was unable to take over that

district, her services being required for relief purposes in the neighbouring district of Waddington where the regular nurse was absent on prolonged sick-leave.

Housing:

During the year 4 nurses' houses were completed—at Corby, Ropsley, Heighington and Sleaford—making a total of 15 owned by the County Council. All were duly occupied. One other was under construction at Bassingham at the end of the year. In addition to the above the Council rents 5 houses for its nurses (at Bourne, Denton, Leadenham, Ranceby and Stamford).

With the completion of the new house at Sleaford the former nurses' house in Carre Street became redundant and it was sold by public auction early in 1957.

Transport:

Four new cars were received during 1956 and allocated to Helpringham, Ropsley, Bourne and Blankney. Three old cars were sold by public tender.

Total cars in the nursing service at the end of the year:—

Owned by County Council	41
Private cars provided by nurses	10
	51

VACCINATION AND IMMUNISATION

As far as Diphtheria Immunisation and Vaccination against Smallpox were concerned there were no changes during the year in the Council's scheme under Section 26 of the National Health Service Act as set out in my Annual Reports for 1948 and 1955.

Vaccination:

A slight increase occurred in the number of children under one year of age who were vaccinated during the year.

The number of persons vaccinated in 1956 was as follows:—

Age at date of Vaccination	Under 1	1	2-4	5-14	15 or over	Total
No. vaccinated	508	60	11	37	113	759
No. re-vaccin'd	—	2	13	52	191	258

Diphtheria Immunisation:

Table A below indicates the number of children who completed a full course of primary immunisation or received a secondary or reinforcing injection during 1956, while Table B gives details of the number of children under 15 years of age who, at the 31st December, had completed a course of immunisation at any time before that date, i.e. at any time since 1st January, 1942.

A.

	Age at date of final injection (as regards (i)) or of reinforcing injection (as regards (ii)).			
	Under 1	1—4	5—14	TOTAL Under 15
(i) No. who completed a full course of primary immunisation ...	614	700	132	1,446
(ii) No. who received a secondary or reinforcing injection ...	—	100	710	810

B.

Age at 31/12/56 *i.e.* born in year	Under 1 1956	1 to 4 1952-1955	5 to 9 1947-1951	10 to 14 1942-1946	Total under 15
No. immunised	149	4,457	7,404	8,040	20,050
Estimated mid-year Child population	2,070	8,730	21,000		31,800

Poliomyelitis Vaccination:

In January the Ministry of Health announced that a vaccine had been prepared which it was believed would confer a degree of protection against paralytic poliomyelitis. It was stated that a small quantity of this vaccine would be made available in May and June for the treatment of children born between 1947 and 1954. Vaccination would be suspended during July to November inclusive, the period when poliomyelitis is usually most prevalent, and would be resumed in December, subject to further supplies of vaccine being available. Parents of children coming within this age range for whom vaccination was desired were required to register with the Local Health Authority by early April.

Full publicity was given to the scheme through the local press and by the distribution of leaflets and consent forms from school clinics and infant welfare centres and by health visitors and district nurses with the result that 689 applications for registration were received.

In view of the scarcity of the vaccine and the fact that the Medical Research Council (acting on behalf of the Ministry of Health) were desirous of undertaking research work while vaccination was proceeding, the order of priority for vaccination of children coming within the prescribed age range was decided centrally by the Ministry of Health.

Vaccinations were carried out at the County Council's clinics by the medical staff of the Health Department and by the end of the year 80 children had received their full course of two injections and 6 had received an initial injection. The work of vaccinating the remaining registered children continues.

AMBULANCE SERVICE

During the past year 428,846 miles were covered by the Ambulance Service in the Administrative County compared with 460,967 in 1955 and 434,731 in 1954.

The total number of patients carried was 40,903 as compared with 41,332 in the previous year and 38,165 in 1954.

For the directly provided service (i.e. Sleaford, Grantham, Bourne and Stamford Sitting-case Car Service) the past year's mileage of 329,788 shows a decrease of 27,702 miles (7.74%) on the mileage figure for 1955. Nevertheless the service managed to cope with an increased demand, the total number of patients carried rising by 616 to 31,461, an increase of 1.9% over the figure for the previous year.

There were slight decreases in both mileage and patients in the two agency areas in the County. At Stamford the figures for the St. John Ambulance Brigade Agency reflect a decrease of 912 miles (7.8%) and 169 patients (16.07%). Those for the Lincoln City Agency service in the north of the County show a reduction of 3,507 miles 3.8%) and 831 patients (8.81%) against the figures for the previous year. A detailed summary of the work carried out during the year appears on pages 27 and 28.

The average miles per patient carried in 1956 were 10.48, compared with 11.10 in 1955.

Throughout the year all possible steps have been taken to restrict dead running to an absolute minimum, and the co-operation of general practitioners, hospitals and other major users of the ambulance service has been extremely good. It will be appreciated that the service has little control over the demand for ambulance transport, but in all cases where there is any doubt as to the justification for transport to be provided, full enquiries are made and all long distance and special cases are referred to the Ambulance Headquarters. It does, however, become more and more apparent that little further can now be done materially to control the mileage run.

The principal event during the year was the proposal to install radio control of the ambulance fleet and the setting up by the Health Committee of a special Sub-Committee to investigate and report on the future of the service. The special Sub-Committee held meetings with the main Hospital Management Committees regularly served by the Ambulance Service at which matters of mutual interest affecting the service were fully discussed. This was followed by a complete survey of the present facilities and methods

of control and operation of the service. The Sub-Committee subsequently reported to the parent Committee its proposals for the future of the service, involving the introduction of a scheme for radio control allied with a revision of the operational staffing, vehicle and depôt arrangements. The proposals of the Sub-Committee as adopted by the Health Committee were later approved in principle by the County Council, and at the end of the year the matter continued under review.

Vehicles:

Three new Bedford Martin Walter 7 Seater Dual Purpose vehicles were purchased in 1956, two as replacements for the two oldest sitting-case vehicles, and one to be available as a County relief vehicle to augment the vehicle strength at any depot whilst vehicles are undergoing major repair. Details of the County Council owned vehicles and their disposition as at the 31st December last are as follows:—

Depot	*Ambulances*	*Utilecons*	*Cars*
Sleaford	3	3 (includes 1 County Relief)	1
Grantham	4	1	1
Bourne	3	1	—
Stamford	—	1	—

Owner-Drivers of Private Cars:

The practice of using owner-drivers to augment when necessary the County Council's service for the conveyance of sitting-cases continued throughout the year, ten owner-drivers being available. The rate of payment for owner-drivers participating in this service was increased from 6d. to 7d. per mile with effect from the 1st April, 1956.

Garaging and Servicing:

The arrangements for garaging the County Council's vehicles have been detailed in previous reports and no changes have taken place during the past year. New depôt accommodation is urgently required at Sleaford where the service has completely outgrown the available accommodation and the meagre facilities are inadequate in every respect. This matter is receiving the active attention of the Health Committee.

Servicing and maintenance (as distinct from routine servicing which is carried out by whole-time drivers) has continued as hitherto to be undertaken by commercial garages. The garages concerned also supply part-time drivers during normal working hours, and in general give necessary priority to ambulance service work.

Personnel:

(a) *Driver Attendants*

Two additional driver attendants were added to the establishment during the year bringing the total of full-time operational personnel to eleven. The additional personnel were allocated to the Sleaford and Grantham Stations respectively. Details of the operational staff employed are as follows:—

Depot	*Whole-time Driver Attendants*	*Part-time Retained Driver Attendants*
Sleaford	1	1
Grantham	1	2
Bourne	2	—
Stamford	1	—

(b) *Attendants*

The arrangements for all attendants to be provided on a rota basis through the agency of voluntary organisations has continued as hitherto. The under-mentioned organisations provide personnel for vehicles based at depots as shown:—

Grantham—British Red Cross Society.

Sleaford—St. John Ambulance Brigade.
Sleaford and District Voluntary First Aid and Ambulance Unit.

Bourne—British Red Cross Society.
St. John Ambulance Brigade.

Training:

During the year all whole-time and part-time retained personnel have taken revisionary courses in First Aid under arrangements made with the voluntary associations referred to above. All personnel also re-qualified by examination, the results being reported as highly satisfactory.

STATISTICS FOR THE YEAR 1956:

A. Directly provided Service:

Depot	Ambulances			Sitting-Case Cars			Totals		
	Mileages	Journeys	Patients	Mileages	Journeys	Patients	Mileages	Journeys	Patients
Grantham	41,775	2,052	3,461	54,578	2,638	6,610	96,353	4,690	10,071
Sleaford	57,436	1,193	7,722	90,967	1,635	6,937	148403	2,828	14,659
Bourne	26,791	705	1,876	24,152	486	1,578	50,943	1,191	3,454
Stamford	—	—	—	34,089	655	3,277	34,089	655	3,277
Totals	126002	3,950	13,059	203786	5,414	18,402	329788	9,364	31,461

Average Journey 35.21 miles.

B. STAMFORD. — Agency Service provided on behalf of the County Council by the St. John Ambulance Brigade operating from Stamford:

Ambulances		
Mileage	Journeys	Patients
10,660	679	882

Average Journey: 15.69 miles.

C. NORTH KESTEVEN (and parts of East Kesteven)—Agency Service provided by the Lincoln Corporation:

The following statistics relating to Kesteven patients carried by vehicles of the Lincoln Ambulance Service under the Joint Scheme have been provided by the Lincoln Corporation Health Department:

Ambulances			Sitting-Case Cars			Totals		
Mileages	Journeys	Patients	Mileages	Journeys	Patients	Mileages	Journeys	Patients
35,857	1,170	3,924	52,541	1,324	4,681	88,398	2,494	8,605

Average Journey: 35.84 miles.

D. Summary for the whole of the administrative county.

Ambulances			Sitting-Case Cars			Totals		
Mileages	Journeys	Patients	Mileages	Journeys	Patients	Mileages	Journeys	Patients
172,519	5,799	17,865	256,327	6,738	23,083	428,846	12,537	40,903

Average Journey: 34.20 miles.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis:

During the year, the Authority's Health Visitors, in their capacity as Tuberculosis Visitors, made 1,327 visits to patients to give advice as necessary and furnish reports on social circumstances and contacts. Arrangements for the interchange of information between the County Health Department, Chest Physicians and District Medical Officers of Health, as described in previous annual reports, continued to operate satisfactorily.

Dr. H. G. H. Butcher, the Chief Medical Officer of the Central Lincolnshire Chest Unit, states that there has been no alteration in the work carried out during 1956. New notifications dealt with at the Grantham Clinic numbered 35 and the number of contacts was 116, 1 of whom was found to be tuberculous; the average comparative figures for the previous 5 years were 40, 97 and 4 respectively.

At the Lincoln Clinic, the number of new notifications dealt with from Kesteven numbered 39 with 127 contacts, none of whom was found to have tuberculosis. In the previous year these figures were 37, 110 and Nil respectively.

B.C.G. Vaccination:

All "Mantoux negative" children of known cases of tuberculosis are vaccinated with B.C.G. During 1956, 62 children were treated, compared with 42 in 1955, and 35 in 1954.

The Authority's scheme made under Section 28 of the National Health Service Act under which contacts were dealt with was extended during the year by the following clause:—

> "The Council will, if they consider it necessary, also make arrangements, after appropriate investigation, to offer B.C.G. Vaccination to any other classes of persons as may be approved from time to time by the Ministry of Health."

This was done at the suggestion of the Ministry of Health in order to obviate delays arising in having amendments to the scheme approved every time a further category or categories of persons were recommended for inclusion in the scheme.

Mass Radiography:

Two surveys were undertaken in the County during the year, one at Grantham in February May and one at Bourne in May.

The survey at Grantham on this occasion was carried out on detailed and intensive lines because surveys in 1950, 1953 and 1955 had shown no decrease in newly discovered cases of active post-primary Pulmonary Tuberculosis, whereas in all other centres visited, a sharp decrease had occurred since 1950. In order to obtain as good a response as possible the unit was made partly mobile so that it could operate on a street-to-street basis in conjunction with an energetic house to house canvas, carried out by volunteers. In addition, there were the usual visits to works and open sessions at the Guildhall. In all 10,184 people (4,900 males and 5,284 females) were X-rayed, of whom 3,291 were X-rayed for the first time. Forty-five cases were referred to the Chest Clinic and 14 of these (10 males and 4 females) were found to be suffering from active tuberculosis requiring treatment.

During the survey at Bourne 1,985 persons (1,015 males and 970 females) were X-rayed. This survey brought to light 3 cases (2 males and 1 female) of active tuberculosis requiring treatment and 1 case (male) requiring further investigation at a chest clinic.

General:

During the year 4 sleeping shelters were out on loan under the Council's scheme for open air treatment of tuberculous patients, and 57 cases considered to be in need of extra nourishment were provided with free liquid milk.

Three patients were undergoing a course of rehabilitation at Papworth Village Settlement; the County Council accepts responsibility from the time when these patients are considered fit to undertake five hours work daily.

During the year 15 patients who were being nursed at home received assistance under the County Council's Home Help Scheme.

It is the policy of the Authority to arrange for the X-ray examination of any Home Helps before they commence duty with a family where tuberculosis is present in the household. During the year 4 Home Helps were X-rayed.

The Council's medical staff undertook the medical examination of 67 entrants to teachers' training colleges and 11 entrants to the teaching profession as required under Ministry of Education Circular 249. Persons in the former group are required to be X-rayed prior to the completion of their training while those in the latter group, e.g. the occasional relief teacher or person coming direct from university have to undergo X-ray examination before appointment to teaching posts.

Mental Illness and Mental Deficiency:

Reference to the community care work undertaken amongst persons suffering from mental illness or defectiveness appears on page 34 of this Report in the section dealing with the Mental Health Services provided by the Authority.

Illness Generally:

When requested by general practitioners, hospitals or other agencies, the County Council continued to assist under their scheme patients being nursed at home or after discharge from hospital.

During the year 1 male patient was sent to a recuperative holiday home under arrangements made by the County Council.

Voluntary Laundry Scheme:

In my report for 1954 I made reference to the opening of a laundry service for elderly incontinent persons, etc. in the Deepings area of the County. This became known as the "Deeping and District Voluntary Laundry for the Sick." The scheme was organised and has continued to be administered by a local committee. Apart from small initial grants from the County Council it has been financed by voluntary subscription and has been run entirely by voluntary labour drawn from local women's organisations, etc. It has now been operating sufficiently long to have shown its great worth. Help has not only been given to the elderly sick but has been available to other types of cases regardless of age on the recommendation of the doctor or district nurse. No means test is applied, need being the only factor considered.

The main object of the scheme is to ensure that freshly laundered sheets are available as and when necessary to needy cases and this is achieved by the County Council district nurses bringing in the dirty washing and taking from stock what clean sheets they require. Four hundred and twenty sheets were laundered in 1956. On occasion other items such as pillow slips, towels, nightdresses, and even blankets have been dealt with.

There is no doubt that this laundry helps to fill a gap in the social services. In view of the continuing shortage of accommodation for the aged and chronic sick in residential institutions and hospitals, this service may enable people to remain in their own homes to the last possible moment and still be reasonably cared for. The scheme is also of great benefit to relatives who appreciate being relieved of the drudgery of constant washing and drying of bed clothes.

Nursing Equipment and Apparatus:

There were no changes in the Council's arrangements as outlined in previous Reports. Each District Nurse has an ample stock of the smaller items of loan equipment, while the British Red Cross Society, who administer the Medical Loan Depots on behalf of the County Council have, with the Council's financial assistance, continued to add to their own comprehensive stocks of articles. The following statistics for the year give some indication of the valuable work which these Depots are undertaking:—

Depot	No. of issues made	No. of individual cases who benefited
Grantham	296	203
Stamford	252	163
Sleaford	299	164
TOTALS	847	530

Health Education:

The medical and nursing staff of the Public Health Department devote time to giving talks on health topics at Infant Welfare Centres, meetings of Women's Institutes, etc. Much useful work in this field is also done by personal contact with parents, etc. during the Health Visitor's regular domiciliary visiting.

An annual grant is made by the County Council to the Central Council for Health Education who give assistance by producing posters, leaflets and suitable health propaganda material for display and issue at Clinics and Infant Welfare Centres.

A special effort was made during the year to disseminate information concerning prevention of accidents in the home. Talks were given and leaflets were distributed to the public through doctors' surgeries, clinics and infant welfare centres.

BLIND PERSONS

The following information relating to blind persons in the County, supplied by the County Welfare Officer, has been included in this report at the request of the Ministry of Health.

The table below gives details of blind and partially-sighted persons on the County Council's register during the year ended 31st December, 1956:—

	(i) Blind	(ii) Partially-sighted
(a) Registered at 1st January, 1956	306	93
(b) New registrations during the year	40	20
(c) De-certified cases re-registered	—	—
(d) Deaths	47	7
(e) Transfers to other areas ...	9	2
(f) Transfers from other areas ...	9	4
(g) Transfers from blind to partially-sighted category (included in (b) (ii) above)	1	—
(h) Transfers from partially-sighted to blind category (included in (b) (i) above)	—	7
(i) Recovered sight	—	—
(j) Registered at 31st December, 1956	298	101

The age groups of the persons newly registered during the year were as follows:—

0 to 15 years	4
16 to 59 years	13
60 to 69 years	8
70 to 79 years	17
80 years and over	18
Total ...	60

The proportion of newly registered persons aged 60 years and over represents 71% of the new registrations compared with 89% the previous year. It will be noted from the table below that in 31 cases registered during the year no treatment has been recommended by the certifying ophthalmologists. The high proportion of aged persons is undoubtedly the explanation for this.

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:—				
(a) No treatment ...	3	3	—	25
(b) Treatment (medical, surgical or optical)	10	1	—	18
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	9	1	—	16

Ophthalmia neonatorum:

There were 2 cases of this disease notified in Kesteven under the Public Health (Ophthalmia Neonatorum) Regulations, 1926-37, during the year. Subsequent follow up revealed that in neither case was vision impaired.

DOMESTIC HELP

The operational arrangements in Kesteven for the Domestic Help Service remained unchanged throughout the year.

Demands on the Service continued to increase and were met satisfactorily. The figures in the following table show that while there was no material change from last year in the number of maternity and tuberculosis cases helped there was again a considerable rise in the number of chronic sick and general illness cases requiring assistance. An analysis of the ages of the chronic sick cases reveals that out of the total of 391 persons helped 171 were between 70 and 80 years of age, 142 were between 80 and 90 years and as many as 14 were over 90 years of age. The great majority of the cases in this group were therefore elderly people and the help they received undoubtedly enabled many of them to continue living independent lives in the familiar surroundings of their own homes.

Area	Cases assisted					Number of helps employed at end of year (all part-time)	Total Hours worked by Helps
	Maternity	T.B.	Chronic sick, including aged and infirm	Others	Total		
Grantham							
1955	11	10	212	24	257	76	37,447
1956	11	9	213	32	268	72	38,241
Sleaford							
1955	4	4	64	41	113	12	29,293
1956	6	3	94	40	140	57	35,569
North Kesteven							
1955	9	1	31	19	60	13	9,254
1956	7	3	26	26	62	16	10,075
Stamford							
1955	9	1	36	29	75	17	18,767
1956	6	–	54	12	79	21	22,929
Bourne							
1955	4		30	8	42	11	11,586
1956	4	–	30	19	53	19	15,599
Totals							
1955	37	16	373	121	547	162	106,347
1956	37	15	394	159	602	188	122,413

Few calls were made during the year on the Night Attendants Service which came into operation towards the end of 1955.

MENTAL HEALTH

1. **Administration:**

(a) *Sub-Committee.*

Matters relating to the administration of the Mental Health Services in the County are dealt with by the Mental Health, Maternity and Child Welfare and Care Sub-Committee which meets at approximately quarterly intervals. This Committee consists of 20 members, 14 of whom are County Councillors and the remainder co-opted members.

(b) *Staff.*

The County Medical Officer of Health is the chief executive officer of the Mental Health Services and is also a designated officer for providing certificates of mental defects under the Mental Deficiency Acts. Other officers, similarly designated, were Dr. T. J. O'Sullivan, Deputy County Medical Officer of Health and two Assistants, viz. Dr. C. W. Shearer and Dr. H. Ellis Smith. Dr. J. S. Robson, Medical Superintendent of the Harmston Hall Hospital (the mental deficiency hospital serving the area) is also approved for this purpose.

Details of the non-medical staff of the service appear on page 5 of this Report.

(c) *Co-ordination.*

Co-ordination between the Authority and the Regional Hospital Boards and Hospital Management Committees, as described in previous Reports, continued to be satisfactory.

(d) *Delegation of Duties.*

There was no delegation of duties to voluntary societies or organisations.

(e) *Training of Mental Health Workers.*

No arrangements were made for the further training of staff during the year.

2. **Work Undertaken in the Community:**

(a) *Under Section 28 of the National Health Service Act, 1940 —Prevention, Care and After-Care.*

There are no changes to report in the arrangements made (as described in previous Reports) whereby the Duly Authorised Officers supervise mental defectives living in their own homes and give assistance as required to persons suffering from mental illness. The following example demonstrates the complexities that can arise in such cases:—

MALE, AGED 57 YEARS.

This single man lived alone, under appalling conditions, on a small holding. He became violent and threatened suicide and was

consequently removed under the provisions of Section 20 of the Lunacy Act, 1890, to a mental hospital where he was certified. Arrangements had to be made for the feeding of his livestock, the disposal of eggs and produce and even for cultivation, etc., of crops. He was later discharged on trial and this entailed many visits in an attempt to re-establish him. He has been finally discharged but still appreciates a friendly visit.

During the year the Home Teacher for Mental Defectives gave 301 lessons to defectives in their own homes and made 98 visits in connection with the supervision of female defectives.

During the year 2 mentally defective children were admitted to a mental deficiency institution for short periods under the provisions of Circular 5/52.

(b) *Under the Lunacy and Mental Treatment Acts, 1890—1930, by Duly Authorised Officers.*

Details of cases dealt with during the year ended 31st December, 1956 are as follows:—

(1)	Patients from the area of Kesteven certified under the Lunacy Act, 1890	44
(2)	Patients admitted from this area to hospitals under Section 20, Lunacy Act, 1890 ... ... (Of these, 7 were later certified, 6 were discharged, 2 died, 44 became voluntary patients and 1 was transferred to another hospital).	60
(3)	Patients admitted under Section 21 ... ... (Of these 1 was certified and the other was discharged).	2
(4)	Patients from this area admitted for temporary treatment (Sec. 5 Mental Treatment Act, 1930)	1
(5)	Patients from the areas of other Local Health Authorities who were dealt with at mental hospitals in this area ... ... (Of these 34 were certified, and 3 were found not to be certifiable).	37

In addition 158 persons from this area were admitted to mental hospitals for voluntary treatment during the year.

(c) *Under the Mental Deficiency Acts, 1913—1938.*

(i) Twenty-six cases were ascertained during 1956, 23 of these being found "subject to be dealt with." Of the 26 cases ascertained, 17 were notified by the Local Education Authority, 4 by other local authorities, 2 by Duly Authorised Officers and 3 through hospitals. Their disposal was as follows:— 3 were admitted to mental deficiency institutions, 20 were placed under statutory supervision and 3 placed under voluntary supervision.

At 31st December, 1956, there were 136 cases under statutory supervision and 118 cases under voluntary supervision. These figures included 23 cases accommodated in residential establishments provided under Part III of the National Assistance Act, 1948, and 1 case in hospital.

(ii) There were no cases under guardianship during the year.

(iii) In July the Home Teacher for Mental Defectives commenced holding a group class for young mental defectives one day a week in Grantham. Since October the class has been held two days a week and the average attendance is 13.

During 1956, 8 patients were admitted to mental deficiency institutions, and at 31st December, there were 23 patients awaiting admission. Of this number 7 were considered to be in urgent need of institutional care.

The following table shows the number of mental defectives within the County at the end of the year:—

	Male	Female	Total
(1) in mental deficiency institutions or on licence therefrom	99	98	197
(2) under statutory supervision ...	79	57	136
(3) under voluntary supervision ...	47	48	95
(4) in residential establishments and hospitals	11	13	24
	236	216	452

3. **Ambulance Service:**

The County Council's ambulance service is available for the transportation of cases of mental illness or defectiveness and all mental health workers, both non-medical and medical, are authorised to call out ambulances or sitting-case cars as necessary.

Where it is necessary for trained attendants to accompany patients, these are provided by arrangement with the appropriate Hospital Management Committees.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Five hundred and eighty-eight cases of infectious diseases, etc., were notified to the District Medical Officers of Health during 1956 compared with 3,116 in 1955, 831 in 1954, 3,180 in 1953, 2,068 in 1952 and 2,794 in 1951.

The Notification Rates per 1,000 total population were as follows:—

	County of Kesteven
Smallpox	0.00
Typhoid Fever	0.00
Para-typhoid Fever	0.00
Scarlet Fever	1.16
Diphtheria	0.00
Measles	0.16
Whooping Cough	1.89
Acute Pneumonia	0.42
Erysipelas	0.20
Acute Poliomyelitis (Paralytic)	0.01
,, ,, (Non-Paralytic)	0.01
Meningococcal Infection	0.00
Food Poisoning	0.17
Dysentery	0.24
Cerebro-Spinal Fever	0.01

A Table showing the distribution, etc., of the notified cases will be found on page 57 of this Report.

Smallpox. — No cases of this disease were notified in the County; the last occasion upon which Smallpox occurred in Kesteven was in 1931.

Typhoid Fever.—No case was notified in the County during the year.

Para-typhoid Fever.—No case of this disease was notified during the year.

Scarlet Fever. — One hundred and fifty-three cases were recorded, compared with 118 in 1955, and an average of 159 during the years 1949-1955.

Diphtheria.—For the sixth year in succession no case of this disease was notified.

Measles.— Twenty-one cases of this disease were notified to the District Medical Officers of Health during the year. The following is a summary of the cases notified and the deaths registered during the past ten years:—

Year	Cases	Deaths
1947	1,056	—
1948	2,592	—
1949	396	1
1950	1,660	1
1951	1,640	—
1952	1,159	—
1953	2,045	—
1954	202	1
1955	2,291	—
1956	21	—

Whooping Cough.—Two hundred and forty-nine cases were notified during the year, compared with 527 in 1955, and an average of 533 during the years 1949-1955.

Pneumonia.—Only Acute Primary and Acute Influenzal Pneumonias are notifiable, and 56 cases coming within these categories were notified during 1956 compared with 91 in 1955 and 75 in 1954. Deaths from all forms of Pneumonia numbered 73—7 more than last year.

Erysipelas.—Twenty-seven cases (11 in 1955) were notified in the County during the year, representing a notification rate of 0.20 per thousand of the total population.

Acute Poliomyelitis.—Two cases (1 Paralytic and 1 Non-Paralytic) were recorded during the year, compared with 15 (9 Paralytic and 6 Non-Paralytic) in 1955.

Meningococcal Infection.— No case was notified during the year, compared with 1 in 1955 and 2 in 1954.

Food Poisoning.—Twenty-three cases were recorded during 1956.

Ophthalmia Neonatorum.— Two cases were notified during the year, but in each case vision was left unimpaired.

Puerperal Pyrexia.—The 20 cases reported during 1956 represent a Notification Rate of 9.16 per thousand total births (live and still). The average number of notifications received during the previous 5 years was 13.

Dysentery.— There were 32 cases of this disease notified during the year, and of these 24 occurred in the South Kesteven Rural District.

Acute Encephalitis.—Two cases of this disease (one infective and one post infectious) were notified during the year.

Cerebro Spinal Fever.—One case was notified during the year, the first since 1949, and there were no deaths reported.

TUBERCULOSIS

Details of the new cases of Tuberculosis (including 30 inward transfers, 28 respiratory and 2 non-respiratory from other areas) coming to the notice of the County Health Department during the

year under review, and of the deaths from this disease, are as follows:—

Age Groups	New Notifications (including Supplemental Return)				Deaths			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—
1—4 years	1	—	1	1	—	—	—	—
5—14 ,,	4	4	7	2	—	—	—	—
15—24 ,,	12	15	1	1	—	—	—	—
25—44 ,,	17	24	1	2	1	3	—	—
45—64 ,,	10	1	—	1	3	—	—	1
65—74 ,,	5	3	—	—	3	—	—	—
75 and over	—	—	—	2	1	—	—	2
TOTALS ...	49	47	10	12	8	3	—	3

Of the 118 new cases notified 8 (5 respiratory and 3 non-respiratory) coming to light from death returns, were included in the Supplemental Return to the Ministry of Health.

In comparison, there were 107 new cases (93 respiratory and 14 non-respiratory) in 1955, 136 (109 and 27) in 1954, 150 (131 and 19) in 1953 and 138 (114 and 24) in 1952.

The 11 deaths from respiratory tuberculosis represent a mortality rate of 0.08 per thousand of the total population—the lowest on record.

The 3 deaths from other forms of tuberculosis (bones, joints, glands, etc.) were equivalent to a death rate of 0.02. Comparative information relating to the deaths from tuberculosis during the last decennium is given below and shows the progressive fall in mortality rates of Tuberculosis.

	Respiratory Tuberculosis:		*Non-Resp. Tuberculosis:*	
	No. of Deaths	Death Rate	No. of Deaths	Death Rate
1947	42	0.36	10	0.09
1948	32	0.27	7	0.06
1949	30	0.25	5	0.04
1950	26	0.20	5	0.04
1951	23	0.17	8	0.06
1952	23	0.17	4	0.03
1953	17	0.13	6	0.05
1954	18	0.14	1	0.01
1955	18	0.11	4	0.03
1956	11	0.08	3	0.02

Institutional Treatment:

From information received from District Medical Officers of Health and the Chest Physicians of the Sheffield and East Anglian Regional Hospital Boards, a total of 147 individual patients received treatment in institutions during the year compared with

195 in 1955, 196 in 1954, 194 in 1953 and 174 in 1952 129 for respiratory or suspected respiratory tuberculosis and 18 for other forms.

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, (relating to persons suffering from respiratory tuberculosis, employed in the milk trade), or under Section 172 of the Public Health Act, 1936, (relating to the compulsory removal to hospital of persons suffering from tuberculosis).

Reference is made to the services provided for the welfare of tuberculous patients in the section dealing with the County Council's Scheme for the Prevention of Illness, Care and After-Care on page 28.

VENEREAL DISEASES

There were no alterations in the arrangements for the diagnosis and treatment of persons suffering from venereal diseases as given in my Annual Report for 1949.

The following table, compiled from returns submitted by the Medical Officers of hospital treatment centres, shows the number of Kesteven patients who attended for the first time during 1956:—

	Syphilis	Gonorrhoea	Other Conditions	Total No. of Cases
Nottingham	—	4	3	7
Grantham	4	4	34	42
Lincoln	3	2	27	32
Totals ...	7	10	64	81

INSPECTION AND SUPERVISION OF FOOD

Food Hygiene Regulations, 1955/56:

The above Regulations became operative on January 1st of this year. They are an important step forward in securing better standards of cleanliness in all premises where food is handled or prepared and in order to reduce the risk of food poisoning. The Regulations are enforceable by local authorities and apply inter alia to school canteens, residential establishments, children's homes and other premises controlled by the County Council.

Detailed inspections of all properties under the control of the County Council are being carried out by the County Health Inspector and a full report of the conditions found, together with recommendations of the work which is necessary in order that the

premises may comply with the requirements of the Regulations are sent to the head of each department concerned. This work is proceeding smoothly and close liaison is being maintained between the County Health Inspector and the Public Health Inspectors of the District Councils.

The importance of this work is underlined by the fact that the County Council is the largest caterer in the County, supplying well over two million meals per year. In addition to prohibiting the use of insanitary premises the Regulations require the following:—

(i) Additional care by food handlers, in order to prevent infection from open cuts. Food handlers to refrain from smoking and spitting.

(ii) Reporting by staff of certain bowel and other infections.

(iii) Provision of wash hand basin, water, nail brush, towel and soap.

(iv) Notices in sanitary conveniences requesting food handlers to wash hands.

(v) Provision of first aid materials.

(vi) Provision of suitable and sufficient sinks or other facilities to enable satisfactory preparation of food and cleansing of equipment and utensils.

(vii) Facilities for the storage of perishable foods such as meat, fish, eggs and cream.

(viii) Proper facilities for the storage of staff clothing other than in food rooms.

(ix) Prevention of contamination of food in transit and the use of unclean wrapping material and newsprint for otherwise unwrapped food except uncooked vegetables.

Milk and Dairies:

Specified Areas:

During 1956 two areas in the Administrative County became known as "Specified Areas" for the retailing of milk. They are the Borough of Stamford and the Urban District of Bourne and in these areas only milk which is either (a) Sterilised, (b) Pasteurised, or (c) Tuberculin Tested may be sold to the public. It is the intention of the Government that ultimately only these three grades of milk shall be sold throughout the Country.

The purpose of a Specified Area is to ensure that the milk sold to the public is free from infection by tubercle bacilli. In the past much attention has been paid to the chemical composition of milk, but it is now realised that a pure and wholesome supply of milk is of importance to the community. It is expected that within a short period the whole of Kesteven will become a Specified Area and when this takes place a great advance will have been made in safeguarding the health of the County.

In the past the County Council has done much to safeguard the purity of all the milk sold in its area. This has been accomplished by careful supervision of the pasteurising dairies; this requires skill and detailed knowledge of the processing arrangements. Routine sampling of milk for both biological and bacteriological examination is also undertaken.

The Health department is responsible for ensuring that all milk sold in these new areas conforms to the requirements of the Milk (Special Designations) (Specified Areas) Order, 1956 and that the milk is in fact "safe milk". In order to carry out these duties it is necessary to visit the premises of the retailers and by routine sampling and regular inspections ensure that the milk reaches the required standards. Milk is sampled and submitted to the following tests, viz: Methylene Blue, Phosphatase, Turbidity and Biological.

Supervision of Pasteurising Plants:

The County Council is responsible for granting licences for pasteurising establishments in its area. At the present time there are two such establishments in operation, each with different methods of pasteurisation. One uses the Holder type plant and the other the High Temperature Short Time plant. The establishments are visited at least once each week by the County Health Inspector. During the year under review 38 samples of pasteurised milk were submitted for examination. All samples satisfied the Methylene Blue and Phosphatase Tests.

Tuberculosis in Milk:

The joint scheme of biological milk sampling and examination continued to function satisfactorily. Eighty-four samples of milk were taken for biological examination from 66 herds. Eighty-two samples were negative to tubercle bacilli and 1 gave no result. One sample proved to be positive to tubercle bacilli. This matter was referred to the Divisional Veterinary Inspector, Ministry of Agriculture, Fisheries and Food, who carried out bulk sampling from the herd. Three cows had previously been sold, but they appeared to be in excellent health. The final report received from the Divisional Veterinary Inspector stated that the herd had been certified non-tuberculous. Two samples were found to be positive to brucella abortus and appropriate action was taken in each case.

Milk and Dairies Acts and Orders:

I am indebted to Mr. G. A. Moore, the Divisional Veterinary Inspector, for the subjoined report:—

"The following inspections of dairy herds were carried out:—
Non-designated herds—33, comprising 327 cows
T.T. herds—319, comprising 7,456 cows.

On 31st December, 1956, there were 222 non-designated milk producing herds from which approximately 60 the milk was not heat treated. There were 267 herds licensed to produce T.T. milk, all

but one of which are fully attested, the other being supervised and there were 25 attested and 1 supervised herds producing non-designated milk."

Milk in Schools Scheme:

The supervision of all milk supplies to schools is the responsibility of my department and it is necessary to be sure that all such milk reaches and maintains a high standard. It must be free from disease and of good keeping quality. Every new source of supply to schools is investigated and must be approved before supply commences. Some 120,207 gallons of milk are needed each year under the Scheme.

The numbers and types of individual retailers approved, together with schools supplied were as follows:—

(Comparable figures for 1955 are shown in parenthesis)

14 (14)	Licensed retailers were supplying Pasteurised milk to	169 (166) schools
8 (8)	Licensed retailers were supplying Tuberculin Tested milk to ...	12 (12) schools

Samples of school milk are regularly obtained and submitted for bacteriological and biological examination.

Milk Supplies to Establishments and Homes:

In all cases of milk supplied to Residential Establishments, Children's Homes and similar institutions under the control of the County Council, the source of supply is approved by my department.

Diseases of Animals:

The Divisional Veterinary Inspector has kindly supplied the following information:—

Tuberculosis Order, 1938:

During the year 1956 two cases of tuberculous milk were investigated and one cow was slaughtered under the Tuberculosis Order.

Food and Drugs Act, 1955:

The provisions of the Food and Drugs Act, 1955, insofar as they relate to the composition and adulteration of food and drugs were administered by the Weights and Measures Inspectors of the County Council and I am indebted to the Chief Inspector of

Weights and Measures, Mr. E. T. Hawley, for the following report:—

"The Food and Drugs Act, 1955 came into force on the 1st January, 1956, and consolidated and substantially re-enacted the Food and Drugs Acts, 1938-50. While no fundamental changes are made in the law and the pattern of administration has, therefore, remained unchanged, the new Act deals, inter alia, with some important details. For example, the word "cream" can no longer be applied to "any substance which resembles cream in appearance, but is not cream" unless it is either "reconstituted cream" or "imitation cream" as defined, and is so described. This has already caused consternation in some quarters, but the fact remains that in almost every case where the term is loosely applied, it is used to imply the presence of the genuine commodity.

SAMPLING

"The principal administrative function locally is the sampling at random of a wide range of foodstuffs and drugs. During the year under review, 412 samples were obtained in the areas where the County Council is the Food and Drugs Authority, i.e., the Administrative County including the Boroughs of Grantham and Stamford. As in former years, samples were taken on the basis of 3 per 1,000 of population and the Table at Appendix "A" shows how this was done in the principal rural and urban divisions of the County.

"The articles actually sampled are listed in Appendix "B", from which it will be seen that milk, other dairy products and tinned foods were among those most frequently tested during the year. The 198 samples of milk obtained during the year represent 48% of the total number of all samples taken, a figure well below that of 65% which for many years was the accepted proportion. This is due to the continued decline in the number of separate milk retailers, a trend which is slowly having the effect of concentrating distribution in the hands of relatively few large-scale processing concerns.

"Statistics relating to Milk are set out in Appendix "C", from which it will be seen that all the essential figures are slightly lower than those of the preceding year. This does not mean that the quality of milk in Kesteven is declining generally; it merely means that more samples were taken at farms during periods of quality fluctuation. The report that the Milk Marketing Board is proposing to take a stronger line with poor quality milk, probably by the institution of a system of price penalties, has made many producers aware, as never before, of the need to maintain quality as well as quantity at the highest possible level throughout the year. As has been emphasised before, however, poor quality milk has never been a general problem in Kesteven and there is no reason to suppose that the milk actually reaching the consumer is any poorer now than in years past. Channel Island Milk remains popular in all areas where it is available and though the minimum butter-fat

standard for milk of this designation is 4.0% instead of 3.0%, the average of the 19 samples of Channel Island milk tested during the year was 4.73% of butter-fat.

Analyses

"One hundred and ninety-four samples of Milk and 9 samples of Cream were tested in the Department's laboratory and found to be genuine, while 7 samples of Milk and 205 samples of other foods and drugs were submitted to the Public Analyst (W. W. Taylor, B.Sc., F.R.I.C.) at Nottingham. Of the 209 samples submitted to the analyst, 9 (4.3%) were found to be adulterated or unsatisfactory. The action taken in respect of these unsatisfactory samples is set out in Table VIII on page 59 of this Report.

Unsatisfactory Samples

"While the number of unsatisfactory samples is lower than last year, the number of complaints received concerning foodstuffs was probably higher. A bottle of otherwise satisfactory milk delivered to a Stamford School was found to contain a piece of metal which had become detached from the filling machine. With the concurrence of the Director of Education and the County Medical Officer, the vendors were cautioned in writing. A sample of butter which was thought to contain margarine was found to be genuine, as was also a suspect sample of palm oil, used in the manufacture of ice cream. The meaning of the words "Devon Cream" as applied to toffee was taken up with the Ministry and the manufacturers, while the London packers of a "Full Cream—Fruit-flavoured Milk" were advised that ordinary milk diluted with water and fruit essence could no longer be termed "Full Cream." These are just a few examples of the way in which the Department, in collaboration with the Public Analyst, has tried, during the past 12 months, to restrain inaccuracies in the description of foodstuffs and thereby give the consumer the initial protection of accurate labelling."

APPENDIX "A"

Localities in which samples were taken during the year:

				Samples
North Kesteven	approximate population		20,000	91
South Kesteven (including Bourne U.D.C.)	..	..	20,000	67
East Kesteven (including Sleaford U.D.C.)	..	..	28,000	93
West Kesteven	..	..	18,000	55
Grantham Borough	..	..	24,000	73
Stamford Borough	..	..	11,000	33

N.B.—Sampling is done on the basis of 3 per 1,000 of population.

APPENDIX "B"

List of articles sampled during the year:

Angelica	1	Margarine	9
Butter	17	Marzipan	3
Beverages (Coffee, etc.) ...	6	Milk	200
Cooking oils and fats ...	1	Milk Shakes	1
Confectionery	15	Mixed Peel, etc. ...	3
Cheeses	12	Pork products	6
Cream	14	Paste (Meat)	11
Desiccated coconut ...	1	Preserves	9
Flavouring (almond) ...	1	Rennet	1
Drugs	13	Rice	1
Fish Cakes, etc.	8	Saccharin	2
Glacé cherries	1	Sausages	3
Ground nuts	2	Sauces	3
Health Salts	1	Soft Drinks, etc. ...	20
Honey	1	Tinned Meats, etc. ...	18
Ice Cream	10	Vinegar	5
Jellies	4		
Lard	3	TOTAL	412

APPENDIX "C"

Statistics relating to milk samples taken during the year:

	Number tested	Average Butter-fat	Average solids other than fat
Morning's milk ...	85 (92)	3.34% (3.54%)	8.80% (8.83%)
Evening's milk ...	52 (55)	4.34% (4.46%)	8.82% (8.90%)
Mixed milk	61 (59)	3.65% (3.86%)	8.85% (8.85%)
Average of all samples	198 (197)	3.70% (3.86%)	8.82% (8.85%)

N.B.—The standard of the Sale of Milk Regulations, 1939 (below which milk is presumed to be adulterated until the contrary is proved) is 3.0% of butter-fat and 8.50% of solids other than fat.

The figures in brackets in the above Table are the comparable averages for last year.

SANITARY CIRCUMSTANCES

Housing:

This is a statutory function of Borough and District Councils.

In the post war years emphasis has been laid upon providing the greatest possible number of new houses in order to house those who were without a permanent or suitable home of their own. To a large extent this need has now been met and Councils are turning their attention to the ever increasing problem of slum clearance. During the war years house repairs came virtually to a standstill and houses which could have been repaired deteriorated. Today much of this property cannot be repaired at a reasonable cost and it now comes within the category of those which are unfit, by modern standards, for human habitation.

Each council has started on a five year plan and during this period they will operate a clearance programme to demolish as far practicable all unfit houses in their areas. Many of those displaced will be re-housed and given decent homes. The majority of the council houses now being built will be used for re-housing and this, together with the progressive improvement of older property, should do much to raise the standard of housing.

During the year 410 houses were built by the four Rural District Councils.

Improvement Grants—Housing Act, 1949:

Applications dealt with by Rural District Councils during the year:—

Received	235
Approved	192
Rejected	20
Withdrawn	4
Under consideration	19

Water Supplies and Sewerage:

Re-Grouping of Water Undertakings in Kesteven:

During 1956 the Ministry of Housing and Local Government issued a circular No. 52/56 which made suggestions on the re-grouping of water undertakings. It suggested the methods which could best achieve the most effective use of the water resources of the country, and to provide a reliable service which would supply at an economic cost the quantity and quality of water needed. The Minister was satisfied that re-grouping of water undertakings had now become a matter of urgency and he asked all water undertakers to consider whether, in the cause of efficiency, they should not combine with their neighbours in one of the ways outlined in the circular. Arising out of this circular local authorities in Kesteven considered the time was opportune for them to meet in order to formulate a future policy with regard to water supplies, with the result that towards the end of the year a conference was convened by the Kesteven County Council in order to consider this matter. Representatives were present from the Sleaford U.D.C., Grantham Borough Council, East Kesteven R.D.C., North Kesteven R.D.C., West Kesteven R.D.C., Grantham Waterworks Co and the Kesteven County Council.

In 1948, Mr. C. H. Spens, one of the Ministry's Engineering Inspectors, was directed to carry out a detailed investigation and to submit to the Ministry a full report upon the water supplies of Lincolnshire and North Nottinghamshire. The Ministry feels that local authorities in this area should consider and, if agreement can be reached, adopt the recommendations contained in the Spens Report and I give below some details of the report which relate to water supplies in Kesteven, together with the recommendations which have been made for grouping the existing water areas in the

county. The report states that for the purposes of water supply Lincolnshire should be divided into four water areas which, by combining some of the smaller undertakings with those of the adjoining large undertakings, would, from an administrative point of view, offer opportunities for more efficient management and improved services. Of the four areas suggested, two were considered by the conference—the important water bearing district in South Kesteven is linked to Peterborough and adjoining areas, and is a matter for separate consideration.

The two areas referred to above are: Area No. 1 called North Notts. and West Lindsey, which includes parts of the North Kesteven Rural District, i.e. the parishes of:—

Bracebridge Heath
Eagle & Swinesthorpe
Canwick
Doddington & Whisby
North Hykeham
Skellingthorpe.

Area No. IV, called Kesteven area, covers the areas of the Borough of Grantham, Sleaford U.D.C., the Rural Districts of East Kesteven, West Kesteven, North Kesteven (with the exception of the Parishes included in No. I water area). Eleven parishes in the Rural District of Melton & Belvoir in the County of Leicestershire were also included in this area.

The Spens Report emphasises that to supply the needs of West Kesteven and Grantham adequately it will be necessary to obtain additional water to the east of the Lincolnshire limestone outcrop. It is found that west of the limestone ridge the area is almost completely devoid of water unless the new Long Bennington borehole being sunk into the bunter sandstone by the West Kesteven Rural District Council should prove successful. It is considered that if successful this should produce at least one million gallons per day or more. The estimated water consumption of this water area in 1947 was nearly $6\frac{3}{4}$ million gallons per day and the present reliable yield of existing sources is $3\frac{1}{4}$ million gallons per day. Approximately a minimum of $3\frac{1}{2}$ million gallons per day of extra water will therefore be required to make up this deficiency.

Recommendations:

1. The Spens Reports shows that although the urban areas are, on the whole, well supplied and have sufficient water for immediate needs, additional water will be necessary in most cases to meet probable future requirements. In the rural areas, however, the position is very far from satisfactory inasmuch as there are many areas without piped supplies and the need for additional water is very much more marked than in the urban areas.

2. It is considered that necessary works to provide an adequate service throughout the area surveyed cannot be effectively

carried out without some reorganisation of the existing undertakings; the aim in such reorganisation should be the formation of undertakings of sufficient size and resources to be capable of effective management and supervision. The chief advantages of such reorganisation would be:

(i) To obtain new sources capable of yielding the quantity of water required for the provision of ample pure water for domestic, industrial and agricultural purposes. Provision to be made for such development as may reasonably be expected during, say, the next 20 years.

(ii) To provide, where necessary, efficient treatment plants.

(iii) To allow for the abandonment of existing inefficient or uneconomical sources.

(iv) To provide, at suitable points, additional service reservoirs to increase the storage capacity in general to at least two days' supply.

(v) To provide mains of adequate carrying capacity for the distribution of water to the places where it is required.

(vi) To amend the statutory areas of supply of water authorities for the improvement of water supplies. In some cases it is convenient for administration to avoid partitioning of parishes; in others, to adjust water authority areas to coincide with Local Government boundaries.

(vii) To reduce the number of Water Supply Authorities by amalgamation of water undertakings to create larger Authorities having the necessary resources to give more efficient service and capable of paying such salaries as will attract skilled staffs

(viii) To encourage, where desirable, the co-operation of two or more Authorities in the development of major schemes for their joint benefit.

The whole subject is being explored in conferences which are now taking place between all the water undertakers in this part of the County and it is expected that interesting developments will result during the coming year.

Rural Water Supplies and Sewerage:

Progress continues to be made in the provision of mains water supplies together with sewers and sewage purification works for the villages in the rural districts. Whilst only a few new schemes have been approved in 1956 substantial progress has been made in completing the schemes outstanding from previous years. The cost of

water supply schemes continues to increase and the very long lengths of mains required to give these services to some of the smaller villages is almost prohibitive.

The Purity of Underground Water Supplies:

The need to augment or develop public water supplies draws attention to a proposal to divert surface rivers in suitable cases to underground water bearing strata.

It is understood that it is the intention to augment the water supplies derived from the Bunter Sandstone by part diversion of a tributary of the River Trent. The Bunter Sandstone is a source of water supplies in Kesteven. It would therefore appear to be important from the Public Health Standpoint to ensure that the quality of the surface water to be diverted is satisfactory. This should be done by instituting regular bacteriological and chemical analyses of the river water before diversion to underground. It will clearly be essential to establish complete co-operation between the engineers and the appropriate Medical Officers of Health to ensure that the purity of the underground water is maintained, and that no serious pollution, whether from manufacturing or sewage disposal plants, is allowed to gain access to it.

Schools:

Supervision was maintained of the environmental conditions of schools; routine inspections are carried out and defects found are, together with recommendations, reported to the Director of Education for his observations.

General:

During the year a number of matters have received attention; they include the supervision of private water supplies to properties owned by the County Council, joint investigations by the County Health Inspector and officers of the district councils in connection with refuse disposal, water supplies and housing.

TABLE I.—VITAL STATISTICS, 1956.

DISTRICT	Popul'n Mid-year 1956 (R.G.Est.)	No. of Live Births			Crude Birth Rate	Nett Birth Rate	No. of Stillbirths			Deaths under 1 year of age			Inf. Mort. Rate	No. of Deaths			C'de D'th R t	Nett Death Rate
		M	F	Total			M	F	Total	M	F	Total		M	F	Total		
Bourne	5,050	41	33	74	14.65	14.21	1	1	2	-	1	1	13.51	31	40	71	14.06	13.22
Grantham ...	23,740	176	177	353	14.87	14.87	3	6	9	8	1	9	25.49	132	134	266	11.20	11.65
Sleaford	7,480	54	57	111	14.84	14.84	1	2	3	3	1	4	36.04	80	79	159	21 26	12.12
Stamford	11,410	99	74	173	15.16	15.61	1	4	5	3	1	4	23.12	111	68	179	15.69	9.26
Total Urb. Dists.	47,680	370	341	711	14.91	14.91	6	13	19	14	4	18	25.32	354	321	675	14.16	11.61
East Kesteven ...	20,450	185	186	371	18.14	20.68	2	7	9	5	2	7	18.87	92	97	189	9.24	11.83
North Kesteven ...	30,330	249	225	474	15.63	15.47	10	7	17	5	7	12	25.32	209	214	423	13.95	11.02
South Kesteven ...	15,180	119	115	234	15.41	16.18	2	2	4	7	5	12	51.28	76	65	141	9.29	9.10
West Kesteven ...	18,360	176	162	338	18.41	18.22	3	2	5	7	4	11	32.54	104	98	202	11.00	11.88
Total Rur. Dists.	84,320	729	688	1417	16.80	17 47	17	18	35	24	18	42	29.64	481	474	955	11.32	11.21
Total Administrative County...	132,000	1099	1029	2128	16.12	16.44	23	31	54	38	22	60	28.19	835	795	1630	12.35	11.36

TABLE II.—SHOWING FOR EACH COUNTY DISTRICT THE NUMBER AND CAUSES OF DEATH DURING 1956.

CAUSES OF DEATH	Bourne U.D.	Grantham Borough	Sleaford U.D.	Stamford Borough	Aggregate	E. Kesteven R.D.	N. Kesteven R.D.	S. Kesteven R.D.	W. Kesteven R.D.	Aggregate	TOTALS
1. Tuberculosis, respiratory ...	1	2	1	1	5	1	3	2	—	6	11
2. Tuberculosis, other ...	—	—	—	2	2	1	—	—	—	1	3
3. Syphilitic disease	—	—	—	—	—	—	2	1	—	3	3
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis... ...	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	—	1	—	1	2	1	1	1	1	4	6
10. Malignant neoplasm, stomach	1	4	3	7	15	1	9	6	5	21	36
11. Malignant neoplasm, lung bronchus	1	12	2	5	20	4	12	6	3	25	45
12 Malignant neoplasm, breast	2	4	2	3	11	5	2	3	1	11	22
13. Malignant neoplasm, uterus	1	3	—	1	5	1	2	3	3	9	14
14. Other malignant and lymphatic neoplasms ...	6	27	14	13	60	18	26	10	17	71	131
15. Leukaemia, aleukaemia ...	—	1	1	1	3	—	1	1	1	3	6
16. Diabetes	1	3	—	1	5	1	3	—	3	7	12
17. Vascular lesions of nervous system	12	27	12	19	70	26	45	18	23	112	182
18. Coronary disease, angina ...	16	32	28	33	109	36	67	12	17	132	241
19. Hypertension with heart disease	1	1	4	6	12	5	12	4	—	21	33
20. Other heart disease... ...	17	67	39	19	142	18	107	30	50	205	347
21. Other circulatory disease ...	—	16	11	15	42	8	18	4	15	45	87
22. Influenza	—	—	—	—	—	1	1	—	1	3	3
23. Pneumonia	2	7	12	16	37	8	14	3	11	36	73
24. Bronchitis	—	18	5	8	31	8	9	5	13	35	66
25. Other diseases of respiratory system	1	2	2	1	6	—	2	1	1	4	10
26. Ulcer of stomach and duodenum	—	4	—	—	4	4	2	1	2	9	13
27. Gastritis, enteritis and diarrhoea	—	1	—	1	2	—	2	1	1	4	6
28. Nephritis and nephrosis ...	—	2	1	1	4	8	5	1	—	14	18
29. Hyperplasia of prostate ...	1	2	2	3	8	1	3	4	2	10	18
30. Pregnancy, childbirth, abortion	—	—	—	—	—	—	1	—	—	1	1
31. Congenital malformations	1	1	2	3	7	5	3	4	2	14	21
32. Other defined and ill-defined diseases	4	19	9	13	45	14	52	16	21	103	148
33. Motor vehicle accidents ...	2	4	1	3	10	1	7	—	4	12	22
34. All other accidents	1	6	7	1	15	9	10	2	4	25	40
35. Suicide	—	—	1	2	3	4	2	2	1	9	12
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—
ALL CAUSES	71	266	159	179	675	189	423	141	202	955	1630

TABLE III.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1956.

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS									AGGREGATE OF RURAL DISTRICTS								
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	354	14	3	2	5	12	67	103	148	481	24	2	2	8	18	102	130	195
	F	321	4	—	1	1	8	59	67	181	474	18	1	3	—	24	70	122	236
1. Tuberculosis, respiratory ...	M	4	—	—	—	—	—	1	2	1	4	—	—	—	—	1	2	1	—
	F	1	—	—	—	—	1	—	—	—	2	—	—	—	—	2	—	—	—
2. Tuberculosis, other	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	1
3. Syphilitic disease	M	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	1	—	—
	F	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—
4 Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	M	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
	F	2	—	—	—	—	—	—	1	1	3	—	—	2	—	—	1	—	—
10. Malignant neoplasm, stomach	M	10	—	—	—	—	1	5	2	2	8	—	—	—	—	—	4	2	2
	F	5	—	—	—	—	—	2	2	1	13	—	—	—	—	1	3	1	8
11. Malignant neoplasm, lung bronchus	M	14	—	—	—	—	—	6	6	2	22	—	—	—	—	1	11	8	2
	F	6	—	—	—	—	—	—	4	2	3	—	—	—	—	—	1	—	2
12. Malignant neoplasm, breast ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	11	—	—	—	—	1	7	1	2	11	—	—	—	—	1	5	4	1
13. Malignant neoplasm, uterus ...	F	5	—	—	—	—	—	4	1	—	9	—	—	—	—	—	3	3	3
14. Other malignant and lymphatic neoplasms ...	M	38	—	—	1	2	1	7	13	14	46	—	—	—	—	1	10	19	16
	F	22	—	—	—	—	1	6	4	11	25	—	—	—	—	—	11	7	7
15. Leukaemia, aleukaemia ...	M	1	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	2	—
	F	2	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	1
16. Diabetes	M	3	—	—	—	—	—	1	—	2	4	—	—	—	—	—	2	—	2
	F	2	—	—	—	—	—	1	1	—	3	—	—	—	—	—	1	—	2
17. Vascular lesions of nervous system	M	36	—	—	—	1	—	7	11	17	56	—	—	—	—	—	13	16	27
	F	34	—	—	—	—	—	4	10	20	56	—	—	—	—	—	11	12	33
18. Coronary disease, angina ...	M	65	—	—	—	—	1	11	28	25	88	—	—	—	—	3	18	35	32
	F	44	—	—	—	—	1	8	11	24	44	—	—	—	—	—	4	20	20
19. Hypertension with heart disease	M	8	—	—	—	—	—	2	5	1	5	—	—	—	—	—	—	3	2
	F	4	—	—	—	—	—	—	1	3	16	—	—	—	—	—	5	6	5
20. Other heart disease	M	66	—	—	—	—	1	3	19	43	76	1	—	—	1	1	6	15	52
	F	76	—	—	—	—	1	7	6	62	129	—	—	—	—	4	10	35	80
21. Other circulatory disease ...	M	19	—	—	—	—	1	3	3	12	21	—	—	—	—	—	5	5	11
	F	23	—	—	—	—	1	2	3	17	24	—	—	—	—	2	4	7	11
22. Influenza	M	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	1	1
	F	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
23. Pneumonia	M	15	4	—	—	—	4	—	1	6	19	6	—	—	—	1	5	1	6
	F	22	3	—	—	—	—	4	6	9	17	1	—	—	—	2	2	3	9
24. Bronchitis	M	17	—	—	—	—	—	8	3	6	18	—	—	—	—	—	3	7	8
	F	14	—	—	—	—	—	3	3	8	17	—	—	—	—	—	2	6	9
25. Other diseases of respiratory system	M	2	—	—	—	—	1	—	—	1	2	—	—	—	—	—	1	1	—
	F	4	—	—	—	—	—	—	2	2	2	—	—	—	—	1	—	—	1
26. Ulcer of stomach and duodenum	M	2	—	—	—	—	—	1	1	—	4	—	—	—	—	—	2	1	1
	F	2	—	—	—	—	—	—	—	2	5	—	—	—	—	—	—	1	4
27. Gastritis, enteritis and diarrhoea	M	2	—	—	—	—	—	1	—	1	2	2	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2
28. Nephritis and nephrosis ...	M	3	—	—	—	—	—	2	1	—	7	—	—	—	—	1	3	—	3
	F	1	—	—	—	—	—	—	1	—	7	—	—	—	—	—	1	2	4
29. Hyperplasia of prostate ...	M	8	—	—	—	—	—	—	2	6	10	—	—	—	—	—	—	1	9
30. Pregnancy, childbirth, abortion	F	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—
31. Congenital malformations ...	M	4	3	1	—	—	—	—	—	—	6	3	1	—	—	1	1	—	—
	F	3	—	—	1	—	—	1	1	—	8	6	—	1	—	1	—	—	—
32. Other defined and ill-defined diseases	M	24	6	—	1	—	—	7	3	7	46	10	—	—	—	2	9	8	17
	F	21	1	—	—	—	2	5	5	8	57	10	—	—	—	7	3	11	26
33. Motor vehicle accidents ...	M	5	—	—	—	2	1	1	1	—	10	—	1	1	2	2	1	1	2
	F	5	—	—	—	1	—	2	—	2	2	—	—	—	—	1	—	1	—
34. All other accidents	M	6	1	2	—	—	—	1	1	1	13	2	—	1	4	2	2	2	—
	F	9	—	—	—	—	—	1	3	5	12	1	1	—	—	1	2	1	6
35. Suicide...	M	2	—	—	—	—	—	—	1	1	7	—	—	—	1	1	3	1	1
	F	1	—	—	—	—	—	—	1	—	2	—	—	—	—	—	1	1	—
36. Homicide and operations of war	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE IV.—INFANT WELFARE CENTRES, 1956.

Address of Centre	Days of Opening	Individual Children who attended				Attendances				Consultations with Medical Officer		
		Born in 1956	Born in 1955	Born in 1954 to 1951	Total	Infants under 1	Children aged 1—2	Children aged 2—5	Total with Aver.	Infants under 1	Children aged 1—5	Total
ANCASTER— ... British Legion Hall ...	Fourth Thursday	14	12	14	40	88	46	30	164 (15)	47	31	78
BASSINGHAM— Comrades Hall ...	Second Tuesday	12	9	9	30	81	18	18	117 (11)	74	16	90
BILLINGBOROUGH— Toller Hall	Third Tuesday...	22	25	55	102	198	96	154	448 (37)	92	88	180
BILLINGHAY— Church Hall	Second & Fourth Wednesday	25	25	52	102	289	187	172	648 (28)	121	150	271
BOURNE— The Clinic. North Rd.	First and Third Thursday ...	67	54	65	186	730	256	202	1,188 (49)	158	96	254
BRACEBRIDGE HEATH Village Hall	Second & Fourth Thursday	22	21	38	81	221	98	190	509 (27)	111	155	266
BRANSTON— Methodist Chapel ...	Second Tuesday	22	17	21	60	158	71	115	344 (29)	96	111	207
CASTLE BYTHAM— Village Hall	Second Wednesday	8	7	29	44	64	52	98	214 (18)	21	16	37
CAYTHORPE— Village Hall	Second Wednesday	7	16	20	43	71	51	33	155 (13)	6	7	13
CLAYPOLE— Village Hall	First Thursday...	7	7	29	43	48	47	98	193 (16)	14	18	32
COLSTERWORTH— Wesleyan School ...	Fourth Monday	16	16	40	72	127	76	154	357 (30)	35	21	56
CORBY— Church Room ...	Second Thursday	10	17	17	44	94	72	39	205 (17)	41	29	70
CRANWELL— R.A.F. Station ...	First and Third Thursdays ...	48	39	26	113	515	125	30	670 (23)	—	—	—
EAGLE— Village Hall	Second Wednesday	8	6	12	26	28	28	44	100 (8)	23	48	71

TABLE IV (Continued)—INFANT WELFARE CENTRES, 1956.

Address of Centre	Days of Opening	Individual Children who attended				Attendances				Consultations with Medical Officer		
		Born in 1956	Born in 1955	Born in 1954 to 1951	Total	Infants under 1	Children aged 1—2	Children aged 2—5	Total with Aver.	Infants under 1	Children aged 1—5	Total
FOLKINGHAM— Village Hall	First Friday	9	6	8	23	62	36	34	132 (11)	48	50	98
FULBECK— Reading Room ...	Last Wednesday	15	14	16	45	120	18	35	173 (14)	45	5	50
GRANTHAM— 40 Westgate	Tuesday a.m and p.m. Wednesday p.m. Thursday a.m. and p.m.	185	137	228	550	3178	501	662	4341 (17)	132	60	192
GRANTHAM— (Harrowby Lane) Methodist Church Hall	Every Wednesday	135	110	154	399	2236	574	466	3276 (64)	224	60	284
GREAT GONERBY— Memorial Hall ...	First Wednesday	12	12	24	48	93	32	66	191 (16)	15	5	20
HECKINGTON— Village Hall	Third Thursday	20	29	64	113	242	148	248	638 (53)	72	86	158
HEIGHINGTON— Methodist Schoolroom	Second Thursday	11	23	37	71	152	104	137	393 (33)	132	186	318
INGOLDSBY— Village Hall ...	First Wednesday	8	5	15	28	55	33	34	122 (10)	17	15	32
LINCOLN— Doddington Road ...	Third Monday	6	8	10	24	55	35	26	116 (10)	41	47	88
LONG BENNINGTON Village Hall	Alternating Second Tuesday and Second Monday	13	12	32	57	82	64	117	263 (22)	19	7	26
MARKET DEEPING Welland Room, New Inn	Second and Fourth Monday ...	45	31	25	101	435	79	30	544 (24)	91	23	114
MARTIN— Dr. R. E. Riley's Surgery	Third Wednesday	18	18	31	67	142	70	101	313 (26)	134	148	282
METHERINGHAM— Village Hall	First and Third Wednesday ...	31	29	66	126	423	153	406	982 (41)	193	241	434
MORTON— Baptist Church Hall ...	Third Friday	8	8	6	22	43	22	13	78 (6)	28	23	51

TABLE IV (Continued)—INFANT WELFARE CENTRES, 1956.

Address of Centre	Days of Opening	Individual Children who attended				Attendances				Consultations with Medical Officer		
		Born in 1956	Born in 1955	Born in 1954 to 1951	Total	Infants under 1	Children aged 1—2	Children aged 2—5	Total with Aver.	Infants under 1	Children aged 1—5	Total
NAVENBY—Wesleyan School ...	Second Friday	17	16	41	74	112	36	99	247 (20)	70	87	157
NOCTON—R.A.F. Hospital ...	Wednesday fortnightly ...	17	11	29	57	202	120	162	484 (19)	—	—	—
NORTH HYKEHAM Wesleyan Schoolroom	Second and Fourth Tuesday	30	26	37	93	351	80	90	521 (24)	113	40	153
NORTH HYKEHAM—(Newark Road) Memorial Hall ...	First Monday	11	20	13	44	140	46	55	241 (22)	123	89	212
OSBOURNBY—Village Hall	Last Thursday	5	6	13	24	30	18	52	100 (9)	4	13	17
POTTERHANWORTH Village Hall	Third Friday	6	3	9	18	47	22	138	207 (23)	32	98	130
ROPSLEY—Village Hall	Third Friday	5	11	20	36	46	38	66	150 (14)	12	19	31
SKELLINGTHORPE—Women's Institute ...	Second Monday	19	12	32	63	155	61	86	302 (25)	118	115	233
SLEAFORD—Riversdale House, Westgate	Every Monday	71	65	103	239	1340	354	328	2022 (41)	244	126	370
SOUTH WITHAM—Church Hall	Third Wednesday	17	13	18	48	116	68	99	283 (26)	—	—	—
STAMFORD—The Clinic, Barnhill ...	Every Friday	104	99	118	321	1750	385	428	2563 (50)	175	87	262
THURLBY—Chapel Hall	Second Friday	7	4	8	19	58	24	10	92 (8)	—	—	—
WADDINGTON— ... Church Hall	First and Third Tuesday ...	48	40	65	153	554	199	234	987 (41	208	124	332
WASHINGBORO—Village Hall	Third Thursday	14	9	19	42	102	39	85	226 (22)	94	98	192

TABLE V.—*PREMATURE INFANTS BORN DURING 1956.

Weight at Birth	Premature Live Births															Premature Still-Births		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24hrs of birth	Survived 28 days	Total	Died within 24hrs. of birth	Survived 28 days	Total	Died within 24hrs. of birth	Survived 28 days	Total	Died within 24hrs. of birth	Survived 28 days	Total	Died within 24hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less	11	5	3	3	3	—	2	2	—	—	—	—	—	—	—	10	3	—
Over 3lb. 4oz. up to and including 4lb. 6oz.	12	—	10	2	—	1	3	—	3	—	—	—	—	—	—	11	1	—
Over 4lb. 6oz. up to and including 4lb. 15oz.	29	—	29	5	—	4	1	—	1	1	—	1	—	—	—	—	—	—
Over 4 lb. 15 oz. up to and including 5lb. 8oz.	61	—	55	18	—	18	3	—	3	2	—	2	—	—	—	2	1	—
Totals ...	113	5	97	28	3	23	9	2	7	3	—	3	—	—	—	23	5	—

*i.e., babies weighing 5½ lbs. or less at birth, irrespective of period of gestation.

TABLE VI.—DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES IN RURAL AND URBAN DISTRICTS, 1956.

(including Non-Civilians)

Sanitary District	Total No. notified	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Acute Pneumonia	Ophthalmia Neonatorum	Puerperal Pyrexia	Dysentery	Erysipelas	Acute Poliomyelitis: Paralytic	Acute Poliomyelitis: Non-Paralytic	Para-Typhoid Fever	Acute Encephalitis: Infective	Acute Encephalitis: Post Infectious	Meningococcal Infection	Food Poisoning	Cerebro-Spinal Fever
Bourne U.D.	39 (344)	10	—	4	—	5	—	—	4	7	—	—	—	—	—	—	9	—
Grantham M.B ...	66 (696)	24	—	—	16	12	—	6	—	7	—	—	—	—	—	—	1	—
Sleaford U.D. ...	39 (87)	15	—	—	21	—	—	—	—	1	—	—	—	—	—	—	2	—
Stamford M.B. ...	132 (293)	30	—	—	84	11	—	6	—	1	—	—	—	—	—	—	—	—
Aggregate of Urban Districts ...	276 (1420)	79	—	4	121	28	—	12	4	16	—	—	—	—	—	—	12	—
E. Kesteven R.D. ...	93 (463)	30	—	8	46	3	—	1	1	3	—	—	—	—	—	—	—	1
N. Kesteven R.D. ...	63 (528)	8	—	4	28	6	2	4	3	8	—	—	—	—	—	—	—	—
S. Kesteven R.D. ...	93 (405)	18	—	2	23	11	—	—	24	—	1	1	—	1	1	—	11	—
W. Kesteven R.D. ...	63 (300)	18	—	3	31	8	—	3	—	—	—	—	—	—	—	—	—	—
Aggregate of R.D's ...	312 (1696)	74	—	17	128	28	2	8	2	11	1	1	—	1	1	—	11	1
Totals for whole County	588 (3116)	153	—	21	249	56	2	20	32	27	1	1	—	1	1	—	23	1
		(118)	(—)	(2291)	(527)	(91)	(3)	(21)	(20)	(11)	(9)	(6)	(13)	(2)	(—)	(1)	(3)	(—)

Note.– Figures in brackets relate to 1955.

TABLE VII—CLINICS.

Address	Dental	Orthopaedic	Ophthalmic*	E.N.T.*	Rheumatism* and Heart	Speech Therapy	Child Guidance
Beaconfield, Grantham.	Mon.—Fri. 9 a.m.—5 p.m. Sat. 9 a.m.—12 noon.	Mon. 9-12 noon. Wed. 9 a.m.—5 p.m. Fri. 9 a.m.—5 p.m. Sat. 9-12 noon.	1st & 3rd Fri. each month. 10 a.m.—1 p.m.	Last Fri. each month. 11—12 noon.	As and when required.	Tues. 9 a.m.—4.30 p.m. Fri. 2—4.30 p.m.	Mon. 9.15 a.m.—12.30 p.m. 1.30—5 p.m.
Barnhill House, Stamford.	As required.	Tuesday 2—4.30 p.m.	1st & 3rd Thurs. each month. 2—4 p.m.	—	—	Mon. 9.30 a.m.—4.30 pm.	—
North St., Bourne.	As required.	Tuesday 10-12 noon	2nd and 4th Thursdays each month, 2—4 p.m.	—	—	Thurs. 2-4 p.m.	Bourne House Hostel Tues. 2.30—5 p.m.
Riversdale House, Sleaford.	Mon.—Fri. 9 a.m.—5 p.m. Sat. 9 a.m.—12 noon.	Monday 2—4.30 p.m. Thursday 9.30 a.m.—4.30 p.m.	2nd Tues. each month. 3—5.30 p.m.	1st Fri. each month. 11 a.m.—1 p.m.	As and when required.	Wed. 9 a.m.—12 noon. Thurs. 9 a.m.—12 noon	Fri. 2.15—5 p.m.
30 Lindum Rd., Lincoln.	—	—	—	—	3rd Tues. each month. 10-12 noon	Wed. 2—4.30 p.m.	—

Surgeon attends as required

**under arrangements with the Regional Hospital Boards.*

All services by appointment only.

TABLE VIII. — ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1938, IN CASES OF UNSATISFACTORY SAMPLES, 1956.

Sample No.	*Article*	*Report of Analyst*	*Action Taken*
227	Butterdrops	Contained only 3.36% of butterfat instead of the agreed minimum of 4.0% (MF.21/51 Code of Practice between the Minister and the "Trade").	After this sample was obtained it was learned that action had already been taken in Mansfield concerning a similar sample. As it was clear that both samples had come from the same consignment, the manufacturers were cautioned in writing.
241	Potted Meat	Contained 74.9% of moisture—4.9% in excess of the maximum.	The manufacturer, a Grantham butcher, was cautioned in writing and was advised that this product should be sold as "meat paste" or "potted meat paste".
317	Butter	Contained 3.25% excess moisture.	This sample of home-made farm butter contained 19.25% of moisture instead of the statutory maximum of 16.0%. The maker, a farmer's wife, was cautioned in writing.
356	Cream Cheese	Were not entitled, by reason of excessive moisture and low butterfat content to be so described.	These two cheeses were pre-packed and were described by the makers as "Luxury Farmhouse" and "Quality Lunch" the respective selling prices being 4½d. and 3¾d. per oz. The vendor had affixed his own descriptive notices in an effort to distinguish two apparently similar cheeses. In view of the fact that the whole question of standards for cheeses is under active consideration by the Food Standards Committee, the vendor was cautioned in writing.
365	Cream and Milk Cheese		
364	Milk	Contained 32.0% of added water.	These samples were taken from churns in course of delivery to a Grantham depot. "Appeal" samples taken at the farm confirmed the presence of from 4 to 4½ gallons of water in a consignment of 13 gallons. Legal proceeds were instituted and at Spitalgate Magistrates Court defendant was found "guilty" and fined £1 with £1 15s. 0d. costs.
365	Milk	Contained 28.0% of added water.	
368	Processed Smoked Cheese	Did not satisfy the recommended standards of the Food Standards Committee.	The London importers of this Cheese were informed of the Analyst's views. They agreed to write immediately to the makers in Austria.
380	Cream Cheese	Low in butterfat.	This "informal" sample of Cream Cheese manufactured by a firm of national repute was taken with a view to obtaining information concerning current practice in the trade

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